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The causes which occasion this alteration in the urethral walls, likely to give rise to stricture, are inflammation and its consequences, and mechanical and chemical injuries. Of inflammation of the urethra, the poison of gonorrhoea is by far the most common cause; and nine-tenths of the strictures we encounter in practice owe their origin to this source. Blows upon the perineum, bruising or lacerating the urethra against the unyielding parts by which it is covered in during its passage beneath the arch of the pubes, give rise to strictures notorious for their unyielding character, and illustrate the effect of mechanical injuries in producing the disease. They are known as *traumatic strictures*. I have encountered cases caused by a fall astride of a beam, a trestle, by falling with one leg through a hole in the sidewalk, and by the kick of a horse. Syphilitic ulceration sometimes occasions stricture, especially at the orifice. I have also met with two cases of stricture arising from congenital malformation of the urethra, in one of which I was obliged to perform the perineal section. Finally, I believe that stricture in the anterior portion of the canal resulting from the chemical action of too strong injections, especially of nitrate of silver, employed to arrest morbid discharges, is more frequent than is generally supposed.

In the present we shall confine ourselves to the study of strictures of the urethra resulting from gonorrhoeal urethritis, and we shall consider, first, how they are produced.

A gonorrhoea which is neglected, or injudiciously managed, tends to advance along the urethral mucous membrane from its original seat near its orifice, and as it extends backwards and increases in intensity it affects more and more profoundly the structure of the membrane. At first this is merely turgid with blood, exquisitely sensitive, and yielding a copious purulent discharge. Losing its epithelium, the urine comes in contact with the naked membrane, and stretches it at each evacuation of the bladder. That this is a new source of irritation is obvious from the acute smarting which accompanies the act. The inflammation becoming more intense, extends to the submucous layer of connecting and muscular tissues, and often to the *corpus spongiosum urethrae*; in place of purulent discharge, in these deeper

tissues inflammatory exudation takes place into their interstices. The nutrition of the mucous membrane being thus interrupted, it becomes altered to such an extent that, when the acute inflammation has subsided, it is no longer able to reproduce a sound healthy epithelium, but remains indefinitely as a morbid surface, similar to that of a cicatrix upon the external integument; and this being constantly irritated by the urine for the contact of which it is unfitted, usually furnishes a discharge, which is known as *gleet*; in some cases there is undoubted ulceration of the membrane. Meanwhile cell development takes place in the deeper tissues which have been the seat of inflammatory exudation, and ultimately fibrous transformation. The tissues thus altered, like the capsule of Glisson in a cirrhotic liver, contract indefinitely, and, when they surround the whole circumference of the urethral canal, render its walls rigid and undilatable by the fluids which traverse it. The morbid changes which I have thus rapidly sketched may be arrested at any period of their progress by judicious treatment, and, before attaining the extent I have described, months, and perhaps years may have elapsed. If arrested early, the consequences of the inflammation may no doubt be entirely repaired, and the canal restored to its normal condition; but if much time shall have elapsed, if the mucous membrane has been so far altered as not to recover the power of providing itself with a sound epithelial covering, or if the exudation has become the seat of fibrous transformation, a thorough and entire cure is hardly to be hoped for. If the walls of the urethra could be placed entirely at rest, the altered tissues might in time, as on the external integument, soften down and recover their normal extensibility; but the frequently repeated contact with irritating urine, and the stretching to which they are constantly subjected, prevent thorough repair, and a permanently morbid condition is established, characterized by increasing induration and tendency to contract. I have never seen fibrous exudation (false membrane of croup) upon the free surface of the urethral mucous membrane, but upon the mucous surface of the bladder I have verified its existence in several instances. In extreme cases the greater portion of the urethral canal has presented the alterations above described, but in the great majority of instances they are confined within narrow limits, and to certain localities.

The portion of the urethra which is most liable to become the seat of serious inflammatory changes from gonorrhoea, and consequently of permanent stricture, is the commencement of its curved portion, or, to be more explicit, that part of the canal which, commencing at the front surface of the triangular ligament of the urethra, extends forwards for about an inch and a half into the bulbous expansion of the spongy portion, including, of course, the junction of the membranous and spongy divisions. This tract lies from four and a half to six inches from the urethral orifice, and it is here that the point of an instrument is most likely to be arrested by a permanent stricture. Why this part of the canal is more liable than the rest of it to become the seat of structural lesion is not easy to explain, but it is the fact. Mr. Henry Thomson, in his prize essay on stricture, the best monograph on the subject in the language, carefully examined 370 specimens of stricture in the different museums of London, Paris, Edinburgh, and Dublin, and of these 270, or 67 per cent., occupied the locality I have indicated. And this is true of traumatic strictures as well as those following gonorrhoea. The next most common locality is within two and a half inches of the orifice—in the neighborhood of the posterior portion of the *fossa navicularis*; and strictures are liable to occur, but more rarely, at any part of the spongy portion of the canal. At and behind the triangular ligament they are very rare, and in the prostatic portion they are almost unknown.

Thus, then, you may expect to find a stricture which has gonorrhoea as its cause occupying the last inch or so of the spongy division of the urethra in the great majority of instances; and for obvious reasons, strictures following kicks and bruises upon the perineum are most likely to occupy

the same locality. When two or more strictures coexist, as is not unfrequently the case, they occupy the anterior portion of the canal. In the few instances in which I have encountered permanent stricture within three inches of the orifice of the urethra, unaccompanied by any disease further back, in the more common locality, it has so happened that the stricture has always been traceable distinctly to the use of too powerful injections. These strictures, I may also remark, form more rapidly, and are met with in younger men, than those lower down, and are more apt to resist treatment by dilatation.

I have thus described, in a rapid way, the *causes, nature, pathology, and seat* of the affection known as *permanent or organic* stricture of the urethra. There are two other classes of stricture which, with this just indicated, will include all the various forms of the disease you will be likely to encounter in practice, viz. *temporary* and *spasmodic* strictures. In a temporary stricture there is enough inflammatory change in the urethral walls, caused by the injury or disease, to obstruct for a time the passage of urine, but it is not sufficiently serious in character to give rise to permanent alteration. Thus I have seen retention of urine in an acute gonorrhoea caused, apparently, by the simple turgid and swollen, possibly cedematous, condition of the urethral walls, yielding readily to appropriate treatment, and attended by no serious after consequences. The same has followed the passage of a rough calculus and the ill-advised employment of Lallemand's *porte-caustique*. The essential characteristic of this variety of stricture is its transitory nature.

The *spasmodic* stricture is worthy of your attentive study. It rarely, probably never, occurs in a perfectly healthy urethra; almost always in connexion with one of the forms of stricture already described, or in consequence of injury or irritation of the lining membrane of the passage. It is seated in the muscular tissue, which, as you have already seen, surrounds the urethra throughout its whole extent, and most generally, no doubt, in the *compressor urethrae* muscle. It is caused by reflex nervous action: an irritant, either urine, or an instrument introduced into the passage, comes in contact with an over-sensitive portion of its lining membrane; its nerves of sensation convey the painful impression to the nervous centre—either the ganglia of the hypogastric plexus or the spinal cord—and the corresponding nerves of motion throw the muscular fibres which they supply into a state of spasmodic contraction, or cramp.

It is a phenomenon of very frequent occurrence—reflex spasmodic contraction of the *compressor urethrae* muscle arresting the progress of a catheter introduced into an over-sensitive urethra without extreme gentleness and care. Indeed it may almost be said to be the ordinary rule—and the entire absence of any obstruction, the exception. A little tact and practice readily surmount the obstacle, but it is generally recognisable. The sentinel is always at his post, but allows a "friend" to pass. It is not necessary that there should be inflammation in the passage to provoke hindrance from this cause; the simple morbid sensibility of the urethra from deranged sexual innervation, so commonly met with, is fully sufficient; and how often permanent strictures are falsely diagnosticated in hypochondriacal patients of this class, from this very source of obstruction to the passage of an instrument, I should be afraid to say. When we come to consider the diagnosis of stricture I shall have more to say upon this point.

Although I believe that the *compressor urethrae* is the most frequent source of spasmodic stricture, and of retention of urine from spasm, yet we must not lose sight of the unstriped or involuntary muscular fibres which underlie its mucous membrane at all parts of the canal. Whenever a portion of this membrane is the seat of permanent alteration, and consequently of increased sensibility, the muscular fibres encircling it are in a corresponding state of increased irritability, and ready to contract spasmodically on the slightest provocation. It is *their* contraction which explains in many instances the grasping of a bougie by a stricture, and they always, when not entirely destroyed by

inflammation, add more or less to the obstructive character of a permanent stricture. It is this knowledge of the nature and temper of the muscular and nervous elements which enter into the composition of the walls of the urethra that teaches us the necessity of employing the utmost gentleness and delicacy in all of our instrumental manipulations. From what I have said in explanation of the nature and characteristic features of each of the three classes of urethral strictures, you will be ready to understand that we rarely meet with either of them in a pure and unmixed form. Examples of purely spasmodic stricture do occasionally occur from remote reflex causes, as for example in children, during dentition, but a permanent or an inflammatory stricture uncomplicated by some degree of spasm is very rarely encountered; and, from a practical point of view, it would be well to assume that a permanent stricture is always complicated in a greater or less degree by both inflammation and a liability to spasm. In fact, to get rid of these complications is the first indication in their rational treatment.

Permanent strictures present themselves in a variety of forms as to the extent and nature of the actual alteration of the urethral walls which they involve.

Thus we may have a simple bridle, or a valvular fold, resembling a valve of a vein, where a few fibres of the sub-mucous connecting tissue have lost their extensibility. Here, when the canal is distended by urine, these rigid fibres start out, carrying before them a simple duplicate of the mucous membrane, which losing its elasticity after repeated stretchings, remains as "valvular" or "bridle" stricture. Strictures of this sort are sometimes broken down by the first introduction of a full-sized instrument. But in the greater majority of cases the alteration is more extensive, surrounding with thickened and more or less indurated tissue either a portion, or the whole circumference, of the canal, and forming a simple narrow ring, or a wide ferrule-like cylinder around an inch or more of its length. The thickening may extend to a variable depth in the sub-mucous tissues, and may invade the erectile structure of the *corpus spongiosum*, altering its direction and attaining often the elastic and unyielding hardness of cartilage. To these various forms the terms "annular," "indurated," "tortuous," and "callous" stricture are applied.

## Original Communications.

### REMARKS UPON PROLONGED OCCLUSION OF THE EYE,

AS A REMEDIAL PROCEDURE.

By C. R. AGNEW, M.D.,

SURGEON NEW YORK EYE INFIRMARY.

IN November, 1859, \* \* \* \* \* came under my care for hard cataract in both eyes. He was a restless subject, and had an ugly habit of spasmodically closing his eyelids upon the slightest attempt at manipulation. Although the lenses were hard, I observed that they were bulky. Hoping to reduce their size by keratonyxis so as to be enabled to extract through a small conical section, I made three needlings of the left lens during the course of three months. Finding, at the expiration of another month, that little or no absorption had occurred, I proceeded to extract from the left eye by the inferior conical section. I made the requisite section with great difficulty, and in fear of extrusion of the vitreous humor. I succeeded, however, in emucleating the lens, and was about to close the eye, when a spasmodic seizure dislodged one-third of the vitreous humor, and caused the upper portion of the iris to prolapse. I did not recognise any relation between this accident and the former needlings, since I had been very careful to make superficial abrasions of the lens, and not by to and fro motions or deep thrusting to rupture the lenticular attachments. Moreover, after I had eliminated the lens I

observed that the lenticular form was intact. After the above catastrophe, I made an unsuccessful attempt to replace the iris, and bring the edges of the conical wound in coaptation. I was prevented also from snipping off the prolapsed iris, by the restlessness of the patient and the oozing of the vitreous humor; accordingly I closed the eyelids of both eyes carefully by five strips of isinglass plaster, and placed the patient in a darkened room, in a semi-supine posture, and ordered a diet of broth and farinaceous food.

For thirteen days I watched the progress of the case without removing the plasters. For three days after the operation, considerable fluid exuded and dried upon the lids. At no time was pain entirely absent, though never very severe. For a day or so a little redness of the eyelids existed.

With the exception of an anodyne on the second and third nights, and the continued use of small doses of quinine, he took no medicine. There were two or three occasions during this period when antiphlogistics were suggested, but not employed, unless I except good diet and rest, two of the most valuable of our remedies in ophthalmic surgery.

On the 13th day, the plasters having become loose were removed, and a glance taken at the condition of the eye. The space occupied by the knuckle of iris between the edges of the corneal wound was partially bridged by lymph, and the central portion of the cornea being clear, showed a pupil drawn down, but transparent. I again closed the eyes, and kept them so for ten days more, continuing the quinine, improving the diet by the addition of meat, and allowing the patient to sit up. At the expiration of the above period I again opened the eyes, and was glad to find the eye-ball plump, the hyperemia moderate, no staphyloma, the pupil sufficiently open, though drawn down, and the patient able to see the ordinary ward objects. His eye gradually acquired strength, so that in six weeks he left the Infirmary, and when tried three months after the operation, could read with the aid of two and a half inch glasses, ordinary small type.

I have since had a somewhat similar case which promises to be equally successful, in which the occlusion was prolonged for twenty-one days. When the result is established I will send it to you for publication. Now, to some, the above may seem a rather trite recital, but I regard the principles involved as very important, and though simple, usually neglected. I can now look back upon cases of extraction in which inflammation was aggravated by a premature exposure of the eye to daylight and explorative inspection. We lose sight of the gravity of the wound we have inflicted, when we expose an eye on the fourth or fifth day to even a casual illumination. This holds true of uncomplicated extractions, and has double significance in cases of wound or prolapse of the iris, extrusion of the vitreous humor, or jagged corneal wound. Much of the suffering that extraction cases experience after the fourth day, is unquestionably due to surgical inquisitiveness, and an irresistible propensity to be doing something antiphlogistic. The grand danger after extraction is failure on the part of the corneal wound to unite, and this danger is best averted by palpebral occlusion and keeping the nutritive supply ample, and avoiding local depletion or meddling manipulations, or stimulating applications to the lids or corneal wound.

(To be continued.)

## AMPUTATION AT THE HIP JOINT.

By H. A. POTTER, M.D.,

GENEVA, N. Y.

DANIEL PHILLIPS, JR., æt. 22, of scrofulous diathesis, was injured on his heel by the kick of a horse. The result of the injury was a partial numbness of the limb, accompanied by intervals of pain, which finally became constant and severe. A German physician, the patient's attendant, did

not appear to appreciate the nature of the disease, and in 1857 I was called to the case. Upon examination, large fistulous openings were found upon the anterior surface of the tibia, about midway between the knee and ankle joints.

The patient was enfeebled and emaciated, with much nervous irritability and little appetite. Under these circumstances I advised amputation, but he consented only to a removal of the carious bone, which was accordingly done; although it was urged that amputation, and that only, would remove the disease, his friends decided that an effort should be made to save the limb. His general health was much improved for a few months, but a change occurred, attributed by the patient to a severe cold. The thigh became swollen and painful, and the femur was apparently becoming subject to the same diseased action which was already fully developed in the tibia.

In June, 1860, being again consulted, I found fistulous openings in the thigh, great emaciation, hectic, and nervous irritability, with profuse suppuration implicating the soft parts, and leaving no doubt in my mind that *now* amputation of the thigh, if not a removal of the limb at the hip joint, was imperative. The operation was consented to, and I appointed June 14th, 1860, as the day for performing the operation. At various periods during his illness since Oct., 1857, the patient had been, and was now an inmate of the "Clifton Springs Water Cure," and the operation was performed at that institution. Having applied the tourniquet and administered chloroform, the flaps were cut as low down as the diseased soft parts would permit, the limb removed, and the arteries secured in the usual manner. Upon examination the remainder of the femur was found so much affected that I at once decided that amputation at the hip joint was imperative. This was performed in the following manner: After removing the tourniquet, a free incision was made from the outer angle of the flaps, to and over the trochanter major, the muscles dissected away from the bone, the capsular and round ligaments divided, and the remaining portion of the femur removed. The stump, which was large and nearly seven inches in length, was dressed in the usual manner, and the patient made a speedy and safe recovery. I deem it essential to notice the advantages attending this method of amputation at the hip joint, a method which I have now used with success in two cases.\*

First, many of the dangers from hemorrhage, inflammation, etc., attending the usual mode of hip joint amputations, are by this method avoided.

Second, this manner of operating not only gives the patient all the chances and benefits of the thigh amputation, should that meet the requirements of the case, but if necessary, we may then, with little or no additional risk, secure the advantages of amputation at the hip joint, by simply removing the remainder of the femur; thus preserving symmetry of form to the patient, and giving him a stump which he can move with force and facility, and to which an artificial limb may be applied.

## PERFORATION OF THE APPENDIX VERMIFORMIS,

BY AN INTESTINAL CONCRETION—PERITONITIS—DEATH.

By A. M. VEDDER, M.D.,

PROFESSOR OF ANATOMY AND PHYSIOLOGY AT UNION COLLEGE.

J. S., æt. 8 years, for several weeks complained of "pain in his stomach," for which his mother gave him antihelmintics, carminatives, and cathartics. During this time he was not confined to the room; he would come in from his play, complain of the pain, and then resume it; he had no diarrhoea. Sept. 15th, he was attacked with pain in the right side of the abdomen, extending high up; was chilly, and vomited. The next day the mother observed that the

\* Vide *N. Y. Jour. Med. and Collat. Sciences*, New Series, Vol. xii 1864, p. 402, containing report of first case.



abdomen was much distended. On the day following I saw him, found the abdomen tense and tympanitic, great tenderness on pressure over the whole surface, and particularly over the right iliac region; pulse 130 and small; respiration frequent and thoracic; slight and painful cough. I directed a powder, containing one grain of calomel and five grains of Dover powder, to be given every three hours; and spongio-piline dipped in a hot infusion of hop-tea to be applied to the abdomen. This failing to afford relief, turpentine stupes were used. Beef tea was administered during the whole continuance of the disease. Diarrhoea soon came on and continued, notwithstanding the omission of the calomel. During the whole illness large quantities of a greenish fluid, resembling spinach, were ejected from the stomach, the vomiting always affording relief. Several days before death, marked fluctuation was felt in the right iliac region. These symptoms continued, with little variation, for ten days, when he died.

*Autopsy*, twenty-four hours after death.—Considerable emaciation; peritoneal covering of the intestines highly injected and dotted in many places with patches of lymph; intestines, particularly on right side and inferiorly, glued together by recent adhesions. In the right iliac region was found about a gill of pus, from which bubbles of air issued by making pressure upon the intestines. Introducing the fingers into the purulent matter, a hard substance, rough on its surface, about the size and shape of an acorn, was found, together with several small pieces of hardened feces. On making a section of this concretion, it was found to be made up of several laminae, and contained in its centre, as a nucleus, four small seeds, supposed to have been raspberry seeds. A chemical examination showed this substance to be composed of *phosphate and a trace of carbonate of lime*, with considerable amount of amorphous matter. At the base of the junction of the vermiform appendix an opening was found through which the foreign matter had escaped into the cavity of the peritoneum, the edges of which were ragged; the mucous lining of the appendix and the mucous membrane of adjacent intestine were thickened, softened, and highly injected.

Cases are recorded of ulceration and perforation of the appendix vermiformis produced by the lodgment of cherry-stones, bits of bone and hardened feces, but I can find no case identical with the one just described.

## Reports of Hospitals.

### BELLEVUE HOSPITAL.

SERVICE OF DR. STEPHEN SMITH.

**EFFORTS TO STRAIGHTEN A DEFORMED LIMB BY SUBCUTANEOUS PERFORATION OF THE BONE. NITRATE OF AMMONIA AS A TONIC. EXTENSION AND COUNTER-EXTENSION IN SYNOVITIS OF THE KNEE-JOINT.**

*Partial Fracture of the Tibia—Extravasation of Blood under the Integument—Mortification of the Foot—Recovery with Deformity at the Seat of Fracture—Efforts to Straighten the Bone by Subcutaneous Perforation.*

A. B., æt. 10, was admitted to the hospital for an injury to the left leg, occurring from a fall from a pile of lumber, some of which fell upon him. On admission, the foot and leg to within three inches of the knee were excessively swollen, the skin being as tense as it could be drawn. The sole of the foot was rounded out with the extravasated blood, and fluctuated obscurely; around the ankle there were also fluctuating points deeply discolored by the contained fluid. The great toe was black and cold, as was the extremity of the adjoining one; and this appearance extended upwards along the internal margin of the foot as high as its middle portion. At the limit of the swelling on the leg there was a lesion of the skin. The leg was

evidently bent at this point, the foot being thrown inward. No crepitus could be obtained, nor even false point of motion, and the case was decided to be one of partial fracture of the tibia with rupture of a blood-vessel and extravasation of a large quantity of blood, by which the skin was rendered so tense that the circulation was interrupted, and mortification of the extremity of the foot the consequence. The treatment consisted of free incisions wherever the blood appeared near the surface, by which a large quantity of the fluid was evacuated, and the tension considerably relieved. An effort was made by putting the limb up in a splint to straighten it, but as great pain was the result, and there was danger of still further increasing the tendency to mortification, all force was removed and the limb placed in the most comfortable position, with stimulating poultices applied to the gangrenous toes. The mortification extended until it involved all of the toes, but was finally limited at the junction of the metatarsal and tarsal bones. The process of separation was long and tedious, but it progressed so favorably, and the condition of the limb above this point was so frequently the seat of erysipelatous inflammations, that no attempt was made to hasten the cure by an operation. Nor was it thought advisable to make any efforts, by confining the limb, to remove the deformity at the seat of fracture. The foot finally separated, and the process of cicatrization proceeded rapidly, and was finally completed, leaving an excellent stump resembling very closely the stump left after Chopart's operation. Meantime the wound at the seat of fracture healed, and considerable callus was thrown out around the lesion of the bone. The incurvation of the leg was considerable, and efforts were made to overcome it by compression applied at proper points, while the limb was fixed in a suitable splint. These attempts, however, proved unavailing. Moderate efforts were then made to refracture the limb, but they were not persevered in owing to the condition of the foot.

On the completion of cicatrization, it was determined to resort to subcutaneous perforation of the bone at the seat of fracture, as recommended by Brainard of Chicago. The object of this treatment is to soften the bone by the process of inflammation which follows the perforation of its substance by a drill, and thereby render the yielding of the bone possible upon the application of the slightest force. The operation consists in drilling the bone in several directions, which may be done through a single, or at most two openings in the soft parts, and thus not only weakening the shaft by the perforation of its substance in several places, but much more by the subsequent inflammation. The operation was accordingly performed, the soft parts being opened at two points, and the shaft of the tibia perforated in several directions. The external portion of the shaft, the seat of the fracture, and of the recently formed callus, readily broke down, but the internal portion was penetrated with difficulty. The limb was kept quiet, with cold water dressing, for about a week, one of the openings for the perforator having suppurated, when an attempt was made to straighten it by the dressings applied. To accomplish this object, a strong, unyielding splint was placed upon the internal margin of the limb, resting upon pads placed upon the upper and lower extremities of the tibia; at the seat of fracture a tourniquet was applied around the splint and limb, having its pad and screw resting directly over the fracture upon the external surface of the limb. This apparatus acted upon both the extremities of the tibia, pressing them outwards, while at the point where the bone had been perforated, the screw of the tourniquet acted directly and powerfully inwards. The force that could thus be applied was very great, and direct, as the fibula had been thrown somewhat behind the point of application of the pad of the tourniquet. At first the pressure was moderate and at intervals, the object being to bend the bone gradually if softening had occurred. Considerable impression was thus made upon the limb, the deformity having markedly diminished. But sufficient effect was not gained; the patient became quite intolerant of the apparatus, even for



a short time. It was determined, therefore, to place the patient under chloroform, and resort to immediate straightening of the limb. On applying all the force which could be brought to bear the bone yielded slightly, but perceptibly, and the deformity was still further diminished, but not overcome completely. A subsequent effort was made to refracture the bone, but was desisted from before it yielded, in fear of doing too much violence to the limb. The patient left the hospital with his leg somewhat incurved, but as useful apparently as the other.

Although the attempt to bend a bone by this method of weakening its texture was in this case not entirely successful, still it seems plausible and is worthy of a thorough trial.

#### THE USE OF NITRATE OF AMMONIA AS A TONIC.

[Reported by WALTER COLES, M.D., Senior Assistant Surgeon.]

THE attention of the profession has been recently called to the nitrate of ammonia as a means of introducing an increased quantity of oxygen into the system. A female is now under treatment in the second surgical division, in whom the nitrate of ammonia has been used with the most satisfactory results. She had suffered for a long time from disease of the knee-joint, when the limb was amputated in the thigh by Dr. A. B. Mott, in the early part of August. For the first four days after the operation the patient was in a most precarious state, and apparently liable to sink at any moment. She was freely stimulated with brandy and milk punch; but still she continued to decline. Suppuration from the stump was most profuse, and it seemed to be making little or no progress towards reparation. Quinine, carbonate of ammonia, and chloride of potash, were each in turn tried with no better success. At the suggestion of Dr. Barker, they were now stopped, and nitrate of ammonia, grs. xv., three times a day, administered, while the brandy and ale were continued in small quantities. From the moment the nitrate of ammonia was begun, the stump assumed a more healthy appearance, and her general health began to improve. She expressed herself in the most decided terms in regard to the relief derived from it. The amendment has been gradual but steady ever since.

#### TREATMENT OF SYNOVITIS OF THE KNEE-JOINT BY EXTENSION AND COUNTER-EXTENSION.

An Irish domestic, æt. 31, came into the Hospital on the 9th of July with inflammation of the knee-joint. She was of healthy constitution, and had had neither rheumatism nor syphilis. Her disease was pronounced synovitis of the knee-joint. Her sufferings were such as to render it imperative to put the limb up securely on a double inclined plane and apply counter-irritants freely. These means, however, were of no avail. On the 24th of July the limb was put on a straight splint and constant extension made by means of adhesive strips and weights attached to the foot; the contact of the bony surfaces of the tibia and the femur being thus obviated, while the limb is also kept at rest. The relief from this plan of treatment was most marked and immediate, gentle counter-irritants having been kept up at the same time.

At the end of one month the apparatus was removed, leaving the limb nearly free from pain and inflammation, and capable of some degree of spontaneous motion.

#### BROOKLYN CITY HOSPITAL.

##### TWO CASES OF VARICOCELE.—OPERATION WITH THE ECRASEUR.

[Reported by A. D. WILSON, M.D., House Surgeon.]

**CASE 1.**—E. B. Seaman, æt. 25, was admitted in the service of Dr. ENOS, Aug. 7, 1860, with varicocele on the left side. The varix, which had existed for about a year, was apparently confined to one vein, which was much enlarged. Six months ago the patient had gonorrhœa. August 11, he was etherized and operated upon.—The veins were care-

fully separated from the vas deferens, and raised up with the investing scrotum. A small trocar was then run through the skin between the veins and the cord. The ecraseur was put over the parts thus raised, beneath the trocar, and gradually worked till the skin and enlarged veins were cut off. Twenty minutes were occupied in the process. No blood was lost. Six silver wire sutures were applied, and allowed to remain seven days. But a small portion of the wound united by first intention. The wound gradually healed by granulation, and on the 10th of Sept. the patient was discharged cured.

**CASE 2.**—G. S., seaman, healthy, admitted May 29, with secondary syphilis and varicocele; the latter appearing three weeks before admission, after an attack of orchitis and a sudden cessation of a gonorrhœal discharge. Aug. 29. —Was operated on by Dr. ENOS in the same manner as Case 1, except that *ten minutes* only instead of twenty were taken in the operation. A slight amount of hemorrhage followed. The wound was brought together by silk sutures, and water dressings were applied. Sept. 1.—Dressing and sutures were removed. There was considerable pain and swelling around the wound, but both passed away in two or three days. Wound granulated from the bottom, and the patient was in due time discharged. There was no general disturbance of the system.

**Remarks.**—The advantages which this mode possesses over many others which have been devised for the radical cure of varicocele are: 1. It is easily done. 2. The obliteration of the veins is complete. 3. It is safe, never followed by suppurative phlebitis (M. Chassaignac). 5. The redundant scrotum is curtailed by the removal of a part of its substance, a desirable object being thus obtained.

#### Clinical Record.

##### UNIVERSITY MEDICAL COLLEGE.

PROF. A. C. POST'S CLINIC.

October 27, 1860.

SIMPLE HARE-LIP; INFLAMMATION OF BURSA OF LEFT-KNEE; ECZEMA IMPETIGINODES; FRACTURE OF INTERNAL CONDYLE OF OS BRACHII; EPITHELIOMA; SYPHILITIC ULCER OF FOOT.

**CASE 1. Simple Hare-Lip.**—The patient, a male child 11 months old, was presented for an operation. On examination of the gums they were found to be very much swollen, caused by the pressure of four or five teeth which were about to protrude. The gums were lanced. Dr. P. remarked, that a simple incision was sufficient for an incisor tooth, but for a molar, a crucial cut was preferable.

**CASE 2. Inflammation of Bursa of Left-Knee.**—B.C. æt. 35, suffered from trouble of left knee-joint for the past three years, and it does not seem to have arisen from any injury. Last June an opening appeared over the front of the patella, discharging a thin watery fluid: there was no increased swelling at the time, nor has there been present any other evidence of inflammation of the joint proper. The opening still exists, and a probe passed into it enters a small cavity immediately beneath the skin. The walls of this cavity were stimulated by the application of nitric acid, and pressure was recommended by means of adhesive plaster. The Professor pointed out the necessity of care in the use of such appliances, in order that venous congestion might not ensue from the complete encircling of the limb. If it is found necessary to apply compression around any part of the limb, a bandage should be carefully applied from the distal extremity to that point.

**CASE 3. Eczema Impetiginodes.**—O. C., girl, æt. 6 years, has an eruption over the entire scalp and both ears. This eruption is often liable to be confounded with porrigo favosa, which is contagious, and is the result of the ravages of a vegetable parasite. The distinction between these two

forms of disease is quite plain; in the latter there is always to be recognised a peculiar smell resembling that from mouse dung; and besides the scab is dry, while in the variety of eczema under consideration, it is moist. The hair was ordered to be kept closely cut, the part poulticed, and cleanliness carefully attended to. An ointment composed of the following ingredients, was also prescribed: "creasot. ℥ xx., adipis ʒi.

**CASE 4. Fracture of External Condyle of Os Brachii.**—This patient, aged 6 years, was first presented to the class a week ago, with the above injury. The fracture being recent, a rectangular tin splint, well padded, was applied. On examination at present, the parts are found in a good position. As soon as the process of reparation has fairly commenced, which will be in the course of a couple of weeks, passive motion should be resorted to, and gradually increased in extent until the motions of the joint are perfect. If this precaution is not taken ankylosis may result.

**CASE 5. Epithelioma.**—J. R., female, aged 80. Six months ago she noticed an excrescence on the second phalanx of the index finger of the right hand, which she regarded as a wart. It was poulticed, and sundry other applications made, but without avail. The growth presented every appearance of epithelioma. The part was thoroughly cauterized with nitric acid. Dr. P. stated that it was an unusual location for this disease.

**CASE 6. Syphilitic Ulcer of the Foot.**—D. M., æt. 57, has an ulcer with hardened edges and sloughy base situated between the fourth and little toe of right foot, and which has been of three years' duration. The ulcer was cauterized with nitrat. argenti, and hydrag. bichlorid. was ordered internally in one-eighth of grain doses.

## COLLEGE OF PHYSICIANS AND SURGEONS.

PROF. PARKER AND MARKOE'S CLINIC.

ABSCESS OF HEAD OF TIBIA; CUTANEOUS SCROFULA; SYNOVITIS OF KNEE-JOINT; DYSPESIA; PROLAPSUS ANI.

DR. MARKOE.

**CASE I.—Abscess of Head of Tibia.**—The patient, a female, 14 years of age, was admitted about ten months ago to the N. Y. Hospital, suffering from an abscess of the head of the left tibia. The limb was much drawn up, and there was present a sub-acute inflammation of the knee-joint. Two or three small sinuses existed, which communicated with a cavity in the bone. An operation was decided upon, and accordingly performed by Dr. Markoe. The cavity, when laid open, was found of sufficient size to hold an egg. The wound granulated from the bottom finely, and at present it has nearly closed up. By the use of proper extending apparatus, the contraction of the tendon is so far overcome as to allow her to step upon her limb. On examination with the probe, a small portion of necrosed bone was discovered and removed. Dr. Markoe stated that the case was originally one of abscess of the bone, and that no sequestrum was found; he accounted for the appearance of necrosis by supposing that some portion of the bone had either been splintered off during the operation, or had been exposed to the air afterwards, and had thus taken an inflammation which resulted in death.

The relaxation of the knee-joint was so recent, that a proper support to the part was advised.

**CASE II.—Scrofulous Ulceration upon Leg and Forehead.**—This patient was a female, 25 years of age. Dr. Markoe remarked that the case was one of cutaneous scrofula, a disease which was apt to attack persons about the age of puberty. The affection seems to consist in the production of indurations under the skin, reaching down to the bone. These deposits are most generally located about the forehead and tibia, where they break down, leaving indolent ulcers. The disease is frequently confounded with periostitis, because it occurs over the bone thinly covered with

flesh. It may involve the periosteum secondarily, but it never produces exfoliation of bone to any extent. The prognosis is favorable under a proper tonic course.

DR. PARKER.

**CASE III.—Synovitis of Knee-joint.**—A. B., a scrofulous girl, 4 years old, had been suffering for two years past with the symptoms of synovitis of knee-joint. She is unable to bear her weight upon the limb, and by crowding the two articular surfaces together, pain is produced. Dr. Parker remarked that the first treatment of importance for inflamed joints was rest; and accordingly advised for the patient a slightly flexed posterior splint. In order to give support and stimulation to the inflamed part, a nicely adjusted ammoniacal plaster was prescribed. The twentieth of a grain of the bichloride of mercury, with tinct. cinchona, was ordered as an internal remedy, together with plenty of fresh air, good food, etc.

**CASE IV.—Dyspepsia.**—E. K., æt. 30, a shoemaker, has suffered for a year or two past with all the distressing symptoms attendant upon dyspepsia, eructations, palpitations, gastralgia, dizziness, low spirits, and constipation. A powder formed of the following ingredients was ordered to be taken shortly after each meal: Subnit. bismuth gr. x.; pulv. cubebs gr. v.; and bicarb. soda, gr. v. A change of occupation, with out-door exercise, was insisted upon.

**CASE V.—Prolapsus Ani.**—A. C., a child 4 years of age, had been suffering from the above disease for the last three months. Previous to its appearance the patient had an attack of bowel complaint. The danger of this disease consists in the fact that the portion of mucous membrane which protrudes is by neglect very apt to become strangulated in consequence of the contraction of the sphincter upon it. In treating the case the bowels must first be regulated so that the child has a passage once every twenty-four hours, and when at stool the patient should be directed to stand, or simply lean against a hole on a plane of 45°. The general treatment should be tonic in character. In reducing the gut engage your finger in the end of the prolapsed portion, and gradually push the membrane in, the same as if you were putting on a glove.

## NEW YORK MEDICAL COLLEGE.

PROF. CARNOCHAN'S CLINIC.

OCT. 4, 1860.

[Reported by F. O'DOWD.]

PROF. CARNOCHAN commenced his clinic by exhibiting an *Aneurism of the Aorta, fatal by rupturing into the left pleural cavity*. The person from whom the specimen was taken was a coachman, who died very suddenly while sitting on his box eating an apple. The cause of his death was explained by the rupture of the sac into the left pleural cavity. The inner surface of the sac was found to be rough and filled with coagulated blood.

The second specimen was a *Hypertrophied Heart*. It was taken from a prostitute, who died somewhat suddenly. She was probably carried off by suffocation, arising from impeded circulation and the oedematous condition of her body, and particularly of the lungs. The mitral valve, which should be delicate and transparent, is thickly studded with vegetation, thus intercepting the free flow of blood through the left cavities of the heart. The diseased valve being irregular, and having a rough surface, the blood produces a peculiar sound called *bruit de souffle*. The gentleman from whom the specimen was received, stated that the bruit of the heart could be heard immediately upon entering the room.

**CASE 1. Needle in the Palm of the Hand.**—A woman was presented suffering from a needle in the palm of the hand. It lay across and beneath the palmar arch. Prof. C. remarked that it was a very difficult and delicate operation to find a needle in this situation; that when cutting for it, you may think you have found the needle when it is only

the fascia which has become indurated by the presence of the needle. He mentioned the case of a lady who had a needle in the foot, and in order to extract it, he was obliged to search for an hour, when he at length found it between the metatarsal bones.

**CASE 2. Necrosis of Tibia.**—Necrosis caused by periostitis. Prof. C. did not think it justifiable to cut away the dead bone when connected, as in this case, with a large bone, like the tibia; he would rather trust to nature, which would gradually remove it. He recommended iodide of iron.

**CASE 3. Varicose Ulcer.**—The pathological condition in this case is that the condition of the veins causes the solution of continuity. The patient must be kept in a recumbent position, or cicatrization will not be produced. If the patient lies down the venous circulation will be promoted and the ulcers may be cicatrized.

**CASE 5. Injury of the Eye by Lime.**—The eye had been poulticed by the advice of a friend, and consequently the cornea is almost entirely destroyed. Prof. C. spoke strongly against the practice of poulticing the eye when inflamed. He related an instance where he was attending a person for ectropion. On the fourth or fifth day the patient felt considerable pain in the eye, and his brother physician applied a poultice, which in forty-eight hours produced opacity of the cornea. Since Prof. C. had treated this case, he had used an astringent wash. Belladonna had been applied in order to keep the pupil dilated. Quinine was recommended as a tonic.

## JOURNALS FOR OCTOBER.

### AMERICAN JOURNAL OF MEDICAL SCIENCES.—October.

**ART. I.**—*A Statistical Inquiry into the Causes, Symptoms, Pathology, and Treatment of Inversion of the Womb.* By CHARLES A. LEE, M.D.—One hundred and forty-eight cases are briefly reported, from which we learn that thirty-nine cases occurred from pulling the cord by ignorant midwives, and seven from attempts to deliver the placenta; in twenty-five cases, the labor was rapid; in twenty, slow with symptoms of uterine exhaustion; in ten, the cord was short, and in several twisted round the neck; two were forceps cases, one twins, and twenty-three primiparae; twenty-three are enumerated as cases of spontaneous inversion; in one hundred and eight cases the inversion is stated to be complete, i.e. passing the body and fundus through the os, and eighteen partial; the placenta was adherent in sixty-seven cases, and came away spontaneously in fourteen; in forty-nine the hemorrhage was severe, in seventeen moderate, in eleven none, except upon removal of the placenta; seven were mistaken for polypus, and two cases of polypus were mistaken for inverted uterus, and three caused by polypus. The uterus was reposit in fifty-two cases, seven of which proved fatal, two from peritoneal inflammation, and five from hemorrhage and exhaustion. In three the reduction is represented as spontaneous; in thirty-one cases the placenta was detached before reposition. In thirty-two cases the uterus was removed by ligature, of whom four died; in fourteen the uterus was removed by excision, and four died.

**ART. II.**—*Experimental Researches relative to a supposed New Species of Upas.* By WILLIAM A. HAMMOND, M.D., Professor of Anatomy and Physiology in the University of Maryland.

**ART. III.**—*Aromatic Sulphuric Acid in the Treatment of Tapeworm.* By B. DARRACH, M.D., QUINCY, Illinois.—Several cases are mentioned in which the remedy was successfully employed, in doses of about three drachms in the course of twenty-four hours, largely diluted with sweetened water.

**ART. IV.**—*On Tropical Dysentery.* By RICHARD WHITINGHAM, M.D., Surgeon, Peruvian Navy.—During a long residence in South America, the author had many opportunities of observing this disease, and as the result of his experience divides it into five distinct varieties, distinguished by characteristic symptoms, and each requiring a peculiar treatment. (1.) Dysentery dependent upon indigesta and feces retained in the bowels, which generally yields to the administration of full doses of purgative medi-

cines, steadily persisted in, until fecal evacuations have been procured, after which gentle aperients with a Dover's powder at bedtime, or twice a day, will suffice. (2.) Simple specific dysentery either common or bilious, in which he administers 3 ss. vel 3 i. of ipecac. in syrup and water, the patient to be kept in bed and avoid vomiting if possible; and every night and morning the following enema—B. Rad. ipecac. contus. 3 i., aq. fervent. 1biss., fiat infusio, cola, et adde syrupi morphiae 3 i., M. ft. enema; the draught should be repeated every morning for three days, by which time copious bilious stools are produced, when vegetable astringents with opiates complete the cure. (3.) Dysentery complicated with enteritis, in which he employs the warm bath for twenty-five minutes, and fomentations with full doses of calomel and opium followed by castor oil, and opiate injections to relieve tenesmus; when bilious evacuations appear, the case is reduced to one of simple dysentery. These cases do not bear depletion. (4.) Dysentery complicated with acute or chronic inflammation of the liver, in which local depletion is better borne than in either of the others. He directs here the whole attention to the affection of the liver, regarding the dysentery as only a symptom of the deranged state of the liver, and portal circulation. (5.) Putrid, malignant, or gangrenous dysentery, characterized by very frequent evacuations of bloody mucus, containing patches of membrane from the mucous coat of the large intestines, having the putrid odor of gangrene strongly marked, while the room in which the patient is, as well as his breath, is impregnated with a putrid odor. "The remedy which, in these cases, acts like a charm, is the extract of nux vomica combined with opium in the following formula: R. Ext. nux vomica, gr. iv., ext. opii, gr. iij. M. ft. pilulae No. iv.; one to be taken every three hours. The quantity of nux vomica should be augmented to twelve grains; that is, three grains for a dose, according to the circumstances of the case; mucilaginous drinks, and enemas of decoction of althaea, with a solution of chloride of soda, are to be administered. When the patient has passed from the state of extreme danger, his case should be treated according to the symptoms that may present themselves. I am quite ignorant of the mode in which nux vomica acts, but its administration has saved numerous individuals affected with the worst forms of dysentery from the very jaws of death. Of a very large number of cases treated on these principles in the hospital, the deaths did not average more than two per cent."

**ART. V.**—*Some Practical Remarks on Chronic Inflammation of the Uterus.* By J. S. LEED, M.D., Mendota, Illinois.

**ART. VI.**—*The Communicability of Secondary Syphilis.* By RICHARD McSHERRY, M.D., of Baltimore, relating a case in point.

**ART. VII.**—*On the Therapeutic Use of the Oxalate of Cerium.* By CHARLES LEE, M.D., House Physician to Blockley Hospital.—The author testified to the efficacy of this remedy not only in relieving the vomiting of pregnant women, but also in the vomiting that often accompanies phthisis, in pyrosis, hysterical emesis, and the various dyspeptic conditions of the stomach, especially atonic dyspepsia. The dose is one or two grains in pill every two or three hours, and the action was usually rapid.

**ART. VIII.**—*Surgical Cases.* By PHILIP S. WALES, M.D., Assistant Surgeon United States Navy.

**ART. IX.**—*Case of Extensive Compound Fracture of the Cranium—Severe Laceration and Destruction of a portion of the Brain, followed by Fungus Cerebri, and Terminating in Recovery.* By BEDFORD BROWN, M.D., Yanceyville, Caswell county, North Carolina.

**ART. X.**—*Obstetrical Cases.* By ROBERTS BARTHOLOW, M.D., Assistant Surgeon United States Army.—Case 1.—Dropsy of the amnion and discharge of the watery fluid from the vagina, and Case 2.—Anasarca and ascites occurring with, and masking the existence of pregnancy.

**ART. XI.**—*Complete Inversion of the Uterus at four months of Utero-gestation, replaced six days after the Accident.* By E. W. WOODSON, M.D., of Woodsville, Kentucky. The instrument used was a modification of Simpson's uterine sound, with a ball at the end, size of a half ounce bullet—the recovery was rapid.



## American Medical Times.

SATURDAY, NOVEMBER 3, 1860.

### SUICIDE IN THE TOMBS.

ABOUT a year ago our citizens were startled by the occurrence of one of the most public and reckless murders in the annals of crime. In the latter part of a summer's day, on Broadway, at an hour when this great thoroughfare is crowded with pedestrians, a gentleman drew a pistol and deliberately shot a lady, the ball taking effect in the temple, and causing death at the expiration of several days. The homicide was witnessed by hundreds, and the murderer, arrested in the very tracks when the deed was committed, acknowledged that the crime was premeditated. But to go through the farce of a trial, he had to plead the bitter falsehood, "*not guilty*"—a legal fiction that has too often thwarted retributive justice—and was accordingly committed to the toms for *safe-keeping* to await his trial. Meantime his counsel set earnestly at work to save their client from the doom that seemed impending, and the jolly public, satisfied that in due time it would be gratified with the details of another execution, peered occasionally into the prisoner's cell to ascertain that the victim *was* there, and thought no more of the matter. Some nine months after the occurrence, the morning papers announced that this criminal had perpetrated self-destruction. Public curiosity was eager to know by what means an inmate of that sepulchral residence had been able to cheat the world of another hangman's tale. One of that quartette of coroners in which this city rejoices—ever vigilant on the scent of blood but never overtaking the game—forthwith set to work to unravel the mystery. Attended by a jury of his countrymen, resident in that delectable neighborhood, he proceeded with due ceremony to view the body, and determine by this enlightening process the nature of that peculiar visitation by which the prisoner had been so unexpectedly deprived of life. Whereupon it appeared that deceased had never been satisfied with the accommodations furnished him by the city, and had long ago determined to exchange them for quarters more secluded, and less exposed to public gaze. To this end he desired the transmigratory influence of a certain drug, and accordingly wrote the following recipe: "*Strychnine, two shillings worth, to kill dogs.*" This message was intrusted to his attendant, with directions to obtain the article at a drug store. But the faithless servant thwarted his design by handing the prescription to the Warden, and thus revealed the secret purposes of his master. A close watch was now placed over his cell, and every precaution taken to prevent the prisoner's self-execution. But intent on his purpose, and undaunted by his defeat, again the tenant of the Tombs issued his orders; but this time he wrote for laudanum. The message was again intrusted to his servant, who so far fulfilled his wishes as to obtain from a druggist the required potion. But the conscience of the servant proved too sensitive for his task, and again he betrayed his trust by handing the package to the vigilant Warden. But, notwithstanding the infidelity of the servant and the vigilance of the keepers, the prisoner was

one day found dying of narcotism, and an empty phial labelled McMunn's Elixir, concealed in his room, revealed the cause of death. The ardent Coroner pursued his inquiries, intent on learning *how* the poison was smuggled into the cell, and fixing the crime upon some responsible agent. Good Dr. Covil, Physician to the Prison, is naturally suspected, but he clears himself by deposing that he never gave deceased a dose of opium. The Keepers had all maintained a vigilant watch over that particular cell, but had never seen a package passed surreptitiously through the grating, therefore they were free from suspicion. The learned Coroner summed up this mass of negative evidence, and the intelligent jury, enlightened as to their duties, retired, and after a short deliberation returned the following verdict:—

"The deceased came to his death by the administration of creasote and a preparation of opium, taken for the purpose of self-destruction. Further, the Jury would recommend the proper authorities to place wire-netting, similar to that now in use on the lower corridor, on all the cell-doors of the City Prison."

Thus stands revealed the thrice disgraceful fact, that poisons are so freely sold in this city, that a criminal lodged in prison for safe keeping to await his trial, can dictate to his waiter the kind of drug with which he will rid himself of life, and but for the treachery of the latter could obtain it. From the closely-locked and carefully-guarded cell of the murderer goes forth the written order for deadly poisons, and in large quantities; the druggist into whose hands it falls, with nimble fingers prepares the fatal draught, and asks not a question as to its destination. The prescription for strychnine would have been as quickly made up, and delivered at an ordinary drug store, as that for laudanum; though had the druggist paused and considered the purport of either, he would have read in as unmistakable characters as was written "*to kill dogs,*" these terrible words, "*TO KILL A MAN!*" The remedy suggested in the verdict can by no means reach the evil. Vain are bolts and bars, wire-netting and vigilant sentinels, when the inmate of the Tombs determines upon self-destruction. He may not be able to accomplish the deed with knife, or razor, or hemp, but while druggists sell poisons as a common article of trade the weapons of the suicide are at his command. No degree of vigilance or precaution on the part of sentinels can prevent his access to them; no wire-netting is so strong or so close that they will not be clandestinely placed within his grasp. If human hands cannot convey them to him, "*some bird of air*" will be the messenger. If that Jury had done its duty, it would have gone directly to the source from which this class of crimes proceed. The druggist who sold the laudanum should have been charged with the violation of the law to regulate the sale of poisons, and properly proceeded against. Though the parties to this individual crime may not have been discovered, the true responsibility should have been fixed where it belongs, viz. upon the druggists who still continue to sell poisons, regardless of the law or the consequences of their acts.

### THE WEEK.

ONE of our city religious papers (*The Examiner*), a few weeks ago, took to task a secular paper which claims to stand upon great primal Christian truths, for presuming, with such professions, to admit into its advertising columns



theatrical advertisements, whereby "the homes of Christian families" would be demoralized. We took occasion to call the attention of the *Examiner* to its own advertising columns, in which appear, with attractive type and illustration, the nostrums of abortionists, of slayers of the innocents, of cancer-curers, etc., etc. We deferentially asked, if it applied to itself the rule which it had prescribed for others to follow, how it, a professedly religious paper, known and confessed to stand upon "great primal Christian truths" in the distribution of its advertisements, could consent to introduce to the "homes of Christian families" advertisements acknowledged universally to be fruitful of more domestic unhappiness, and more demoralizing to the young, than all the theatres in Christendom. The *Examiner* makes no defence of its conduct, as indeed it could not, without self-stultification, but continues to be the chosen messenger of quacks, to convey to the homes of Christian families, for a certain *quid pro quo*, these fatal poisons to domestic health and morals. The secular paper, however, which was so severely rebuked, with a candor worthy of imitation by the *Examiner*, states the ground of its acceptance and rejection of advertisements, and piquantly remarks, that it has strictly refused the insertion of quack advertisements which it would be ashamed to read in a family circle. We do not desire to be hypercritical in these remarks; our only purpose is to call the attention of religious journals to the fearful responsibility which they assume when they prostitute their columns towards the furtherance of the low, vulgar, and immoral objects of advertisers of nostrums. They well know that this class of persons especially seek the columns of religious papers, because their malicious falsehoods are thus clothed with a certain respectability, and are received by Christian families as indorsed by the paper in which they appear. But however desirable it may be to have a reform in this regard, we shall not see the day when religious principles will so far triumph over the power of money, as to make professing Christians, in the daily walks of business, reject with scorn the latter, to save untarnished the former. The character of the advertisements which fill the religious papers would justify the belief that the only question which they ever stop to ask of advertisers is, "How much will you pay?" And in many instances we believe this is true. We speak advisedly. A former editor of the most prominent religious paper of this city said to a brother of the same denomination, who remonstrated with him for inserting advertisements of remedies for the cure of certain secret diseases, which he feared to have his family read, "I would publish the time and place where the devil was to preach, if I was well paid." Our attention has been again called to this subject by the announcement in one of our exchanges, that an eminent quack is about to visit our shores, who largely patronizes the press, and through its influence obtains access to the afflicted. The religious journals may thank the *MEDICAL TIMES* for having notified them in advance of the approach of this great patron of the press. That they may know something of the man, and how highly his services are valued and rewarded in the localities where he has practised, and from which he comes to this country, we will copy the following notice of him from the exchange (*British Med. Journal*, Montreal) above alluded to:

"What we have often thought would occur has occurred

at last; not that there might not have existed months ago ample enough grounds for a coroner's jury and its verdict, but that a peculiar good fortune seems to have attended Tumblety's proceedings, and secured him an exemption. His good genius has at last deserted him, and to avoid the consequences of trial before his compeers and its award, Tumblety has fled to regions unknown; in all probability to the United States, where it is not unlikely that, with the assistance of the press, which he subsidizes heavily, he will be permitted again to continue his vocation, reap handsome returns, and send more unfortunate, trusting victims to their graves. Without the assistance of the press, it is impossible that he could have succeeded as he did; and this inquest discloses the fact, that it was in consequence of seeing his advertisements, and believing in them, that the unfortunate man Portmore entrusted his life in his hands, and fell the victim of his credulity. We have not the space requisite for the details of the inquest in full. We give, however, the most important part of it, which we take from the *Morning Freeman*, a newspaper of St. Johns, N. B., published on the 29th September. The jury was empanelled on the 27th, and the following is the evidence of Mrs. Portmore, wife of the deceased. Tumblety was in the room this day.

"Mrs. Portmore, wife of the deceased, swore that her husband had been for ten or twelve years suffering from disease of the kidneys and gravel. Lately he was not so unwell as he had often been, and was able to attend to his work as a carpenter; but about three weeks ago, induced by the advertisements of cures wrought by Dr. Tumblety, which were published in the papers, he applied to him, and brought home two phials, containing about a gill each of medicine that looked like water, which he got from him. He took a teaspoonful of this in water three times a day. When first he took it he cried out that 'that would burn the heart out of a man.' He continued, however, to take it for nine or ten days regularly. He always complained of the same burning sensation in the stomach after taking it, and he lost his appetite, which previously was good. On the 17th he went to Dr. Tumblety again, and brought another bottle of medicine, which looked like the former, and which he took in the same way. After he used this he vomited and grew so sick that he had to take to his bed. He could then eat nothing. She went to Dr. Tumblety to see him, and when he came to the house she charged him with having killed her husband by the medicine he had given him. She pointed to the bottles on the table, and said the medicine was there, and she meant to show it to the doctors. He said very well, and took a bottle up and smelled it, and then put it down again. He told her to apply hot water fomentations over her husband's kidneys, and she did so. He then went away, promising to send a balsam at four o'clock to settle his stomach, and immediately after he was gone she missed the bottles. She told her husband Tumblety had taken the bottles, and he said, let the villain take them. She had not tasted the medicine, and had no idea what it was. No one was in the room during this time but her husband, herself, and Dr. Tumblety. Dr. Tumblety did not send the balsam, nor did he return, but he sent word he was busy. Dr. Humphreys was then called in, and Dr. Botsford saw her husband some hours before he died. While sick at this time he did not suffer much from his old complaint, but chiefly from the pain in his stomach.

"Dr. Humphreys, who attended Portmore on a former occasion, was called in, and found him suffering from acute inflammation of the stomach. Dr. Humphreys and Dr. Botsford made a post-mortem examination on Thursday. They found the lungs sound, the kidneys disorganized, and evidence that deceased suffered from calculus or stone, but swore positively that the immediate cause of death was acute inflammation of the stomach; that this was not a necessary consequence of his old disease, and did not arise from it. They stated also, that according to the highest medical authorities, inflammation of the stomach is rarely if

ever idiopathic, or arising from natural causes, but is the result of the introduction of some powerful irritant into the stomach. They were satisfied that in this instance the inflammation was caused by some acid or other irritant introduced into the stomach, although they would not swear that it could not possibly be otherwise, and they could find no such substance in the stomach when they made the examination. They described the appearance and condition of the coating of the stomach; and the coroner afterwards stated to the jury that he agreed fully in opinion with them.

"The coroner addressed the jury at some length. The jury, after deliberating for thirty or forty minutes, found a verdict of manslaughter against Dr. Tumblety.

"We trust that this affair will terminate Tumblety's exploits in the British Provinces. It is much to be regretted that any latitude whatever should be allowed to such a fellow, or one of his kidney, for the performance of his tricks. But such is the credulity of the public, that it is ever ready to patronise any one who professes to assume something of the marvellous, and the more readily the more extraordinary or more marvellous the pretension."

MUCH has been said recently of the adaptation of the climate of the state of Minnesota to consumptives, but no direct or reliable data have yet been obtained upon which to base an opinion. The writer of the following article, the Rev. Dr. Bushnell, of Hartford, Ct., has frequently been referred to as an instance of complete recovery from confirmed phthisis, by a temporary residence in that region. It will be seen that as a scientific report it has little or no weight, for the exact nature of the pulmonary affections of the persons referred to, and even of the writer himself, are not discriminated; yet we copy it as the best contribution to the subject that we have met with, merely adding that the physicians of that state could not do a greater service than by publishing the facts with which they are cognizant:

I went to Minnesota early in July, and remained there till the latter part of May following. I had spent a winter in Cuba without benefit. I had spent also nearly a year in California, making a gain in the dry season, and a partial loss in the wet season; returning, however, sufficiently improved to resume my labors. Breaking down again from this only partial recovery, I made the experiment now of Minnesota; and submitting myself, on returning, to a very rigid examination, by a physician who did not know at all what verdict had been passed by other physicians before, he said, in accordance with their opinion, "You have had a difficulty in the right lung, but it is healed." I had suspected from my symptoms that it might be so, and the fact appears to be confirmed by the further fact that I have been slowly, though irregularly, gaining all the summer. This improvement, or partial recovery, I attribute to the climate of Minnesota. But not to this alone—other things have concurred. First, I had a naturally firm, enduring constitution, which had only given way under excessive burdens of labor, and had no vestige of hereditary disease upon it. Secondly, I had all my burdens thrown off, and a state of complete, uncaring rest. Thirdly, I was in such vigor as to be out in the open air, on horseback and otherwise, a good part of the time. It does not follow, by any means, that one who is dying under hereditary consumption, or one who is too far gone to have any power of endurance, or spring of recuperative energy left, will be recovered in the same manner. A great many such go there to die, and some to be partially recovered and then die; for I knew of two young men, so far recovered as to think themselves well, or nearly so, who by overviolent exertion brought on a recurrence of bleeding, and died, one of them almost instantly, and the other in about twenty-four hours; both in the same week. The general opinion seemed to

be that the result was attributable, in part, to the overtone property of the atmosphere. And I have known of very remarkable cases of recovery there which had seemed to be hopeless. One of a gentleman who was carried ashore on a litter, and became a robust, hearty man. Another who told me that he had even coughed up bits of his lung, of the size of a walnut, and was then, seven or eight months after, a perfectly sound-looking, well-set man, with no cough at all. I fell in with somebody every few days who had come there and been restored; and with multitudes of others whose disease had been arrested, so as to allow the prosecution of business, and whose lease of life, as they had no doubt, was much lengthened by their migration to that region of the country. Of course it will be understood that a great many are sadly disappointed in going thither, and that as the number of consumptives making the trial increases, the funerals of the consumptive strangers are becoming sadly frequent. The peculiar benefit of this climate appears to be from its dryness. There is as much, or even a little more of rain there than elsewhere, in the summer months; but it comes more generally in the night, and the days that follow brighten out in a fresh, tonic brilliancy, as dry almost as before. The winter climate is intensely cold, and yet so dry, and clear, and still, for the most part, as to create no very great suffering. One who is properly dressed finds the climate much more enjoyable than the amphibious half-fluid, half-solid, sloppy, grave-like chill of the East. The snows are light; a kind of snow-dew that makes an inch, or sometimes three, in a night. Real snow-storms are rare; there was none the last winter. A little more snow to make better sleighing would be an improvement. As to rain in the winter, it is almost unknown. There was no drop of rain the last winter, from the latter part of October to the middle, or about the middle of March, except a slight drizzle on Thanksgiving-day. And there was not snow-melting enough for more than about eight or ten days to wet a deer-skin moccasin (which many gentlemen wear all the winter). The following table will show the comparative rain-fall, whether in the shape of rain or snow, for three different points, that may be taken to represent the whole country; being on the two coasts, and at St. Paul in the middle of the continent:

	St. Francisco. Inches.	St. Paul. Inches.	Hartford. Inches.
Spring.....	8	6	10
Summer.....	0	12	11
Autumn.....	8	6	10
Winter.....	10	2	19
	21	26	41

The San Francisco climate stands first, here, in dryness, it will be observed; but it requires to be noted, in the comparison, that while there is no rain-fall there for a whole six months, there is yet a heavy sea-fog rolling in every day which makes the St. Paul climate really the driest of the two. The beautiful inversion, too, of the California water-season, at St. Paul, will be noticed; the water falling here in the summer, when it is wanted, and ceasing in the winter, when it is not. It will be important for the invalid going to Minnesota for recovery, to be there in the winter, when the advantages are best. He must also be provided with the means of outdoor life. Some invalids will have nothing to hope for, except as they become residents here for the rest of their lives.—*Independent*.

DR. FRANCIS'S INTRODUCTORY.—In another column we present at length the annual introductory address at the opening of the clinical course at the Bellevue Hospital, by the President of the Medical Board, Dr. John M. Francis. For several years we have had the privilege of recording sketches of these annual addresses, always attractive by their learning and eloquence. The present effort commends itself especially by the classical and vigorous style, large and liberal views, and wise counsel.

## Reviews.

**ELECTRO-PHYSIOLOGY, AND ELECTRO-THERAPEUTICS;** showing the best methods for the Medical Uses of Electricity. By ALFRED C. GARRATT, M.D., Fellow of the Massachusetts Medical Society. Boston: Ticknor & Fields, 1860. pp. 708.

THIS work is a compendious treatise on electricity and its employment as a therapeutic agent. There has long been need of such a work, to enlighten the profession at large in regard to the methods of using this agent, the philosophy of its action, and the diseases to which it is especially adapted. The work is divided into ten chapters. The first three are chiefly occupied with the discussion of the history, the properties, the various instruments employed, and the method of using this agent. These chapters embrace much of general scientific interest. Chapter IV. is devoted to the subject of *electro-physiology*, and the author reviews at great length the views of authors in regard to the action of electricity upon the animal system. Chapter V. treats of the methods of employing electricity, and should be carefully studied by the practitioner, as it contains the principles upon which electricity is to be used. The author well remarks, "where electric currents are applied to the patient *without regard to the laws of their action on living tissues*, they may by chance produce, instead of amelioration or cure, an actual aggravation of the acute or chronic malady." All persons are not equally susceptible to the electric current, and therefore careful discrimination should be made of individuals. Again, disease impresses a change that requires to be understood and appreciated. There are also "certain spots along the surface of the body and limbs that give very peculiar response to the electrode in producing more ample muscle contractions without pain," a knowledge of which is essential to a proper use of this agent. These are explained at length by the author, and cannot be too attentively studied. Chapter VI. is devoted to a consideration of the employment of electricity in *hyperæsthesia*, and in *exalted nerve actions and pains*. In this chapter all the nerves which are the subject of pain (neuralgia) are separately considered, and the method of employing electricity in this affection of each nerve, is explained. Chapter VII. is occupied with the opposite condition of the nerves, *anæsthesia* or paralysis, and the same minute rules are given for the proper use of electricity. In Chapter VIII. a third affection of the nerves, viz. spasm, is treated of in the same comprehensive manner. The volume closes with a lengthy discussion of the uses of electricity in *midwifery and surgery*. From this rapid survey of the leading topics of the work the reader will gather its chief points of interest. It has little claim to originality, but is not on that account of less importance to the practitioner. In our opinion Dr. Garratt has rendered the profession a great service in the preparation of this work, and we hope it will be widely circulated.

**AN ELEMENTARY TREATISE ON HUMAN ANATOMY.** By JOSEPH LEIDY, M.D., Professor of Anatomy in the University of Pennsylvania. With three hundred and ninety-two illustrations. Philadelphia: J. B. Lippincott & Co. 1861. pp. 663.

WE cannot be said to be deficient in excellent works on anatomy. Indeed, in no department of study are there more works especially designed to aid the student. The popular work of Wilson is in the hands of nearly every student, while the recent work of Gray seemed to leave nothing to desire on this branch. A new work, therefore, and that elementary, designed especially for beginners, must

be exceedingly well prepared and adapted to the student's wants, to commend itself especially to his notice. Prof. Leidy brings to the authorship of a work on anatomy a ripe experience in the art of teaching, and a reputation as an anatomist of the highest order. We have examined the volume with much care. Although necessarily containing nothing new, the arrangement of text, the clear succinct style, and the excellence of the illustrations, render it a manual on elementary anatomy worthy of a place by the side of the best now in use. Not the least attractive feature of the work is the typographical execution. The paper is tinted, and the print is in the highest degree creditable to the publishers.

## Progress of Medical Science.

### MATERIA MEDICA AND PHARMACY.

By EDWARD R. SQUIBB, M.D., of BROOKLYN.

**Morphia Salts.**—The writer has observed within the past ten years, a gradual augmentation in the doses of these salts, or more particularly of the sulphate, which is, to say the least, very remarkable. The standard works on materia medica and therapeutics state the dose at one-eighth to one-fourth of a grain; and they consider one-sixth to one-fifth of a grain as equivalent to one grain of good opium. But opium itself has undoubtedly diminished in sedative value of late years, thus keeping pace with the general disposition in trade to dilution and adulteration; so that a grain of powdered opium, equal to one and one-fifth grains of the moist drug, is now not more effective, probably, than one grain of the moist drug was formerly. As good Smyrna opium yields never less than nine per cent. of morphia salts, it follows that ten grains of the opium contain nearly one grain of morphia salt, and hence that one-tenth of a grain of morphia salt would be the quantity present in one grain of good opium. But the morphia is not the only narcotic principle of opium; and therefore, admitting that the other narcotic principles together equal the morphia in sedative effect—an admission which is certainly beyond probability—we have one-fifth of a grain of morphia salts as representing one grain of opium. Thus the books, if brought up to the present standard of opium, would probably give one grain of powdered opium instead of one grain of opium, as the average anodyne or sedative dose, and one-fifth of a grain of salts of morphia as the therapeutic equivalent. On looking over the treatment of various acute diseases, where no tolerance or habit exists, it is now rare to find any practitioner giving salts of morphia in any such doses. Three prominent papers are now called to mind as having been published within a few months past, wherein the sulphate of morphia was used in acute diseases, namely, sporadic puerperal peritonitis, articular rheumatism, and pneumonia—all by distinguished therapeutists. In the treatment of these diseases it is not uncommon to give one grain of the sulphate at first, to be followed by half a grain every four or six hours, and continued for seven, ten, or even sixteen days. (See Prof. Austin Flint on Pneumonia and Pericarditis, in *N. O. Med. News and Hosp. Gazette* for Sept., 1860.) Now, the smallest probable equivalent to this in the best moist opium would be six grains to start on, and then three grains every four or six hours. Other therapeutists exceed this; and one, Dr. A. L. Hudson, of Rush Medical College, thinks that one grain of "morphia" (alluding, probably, to the ordinary sulphate) is about equal to two grains of opium. These examples may not represent the common practice with salts of morphia with thorough fairness, yet they are not, with the exception of the last, selected from extreme or heroic practice; and the writer's observation



of the practice of good sound authorities leads directly to the inference that there must be some cause for this practice to be looked for in the commercial salts of morphia of the present day.

As it is easily demonstrable that opium has not increased in sedative power, but has probably decreased within the time mentioned, it is fair to infer that it is the salts of morphia that are at fault, and that the deficiency is due to bad pharmacy. When one-sixth to one-fourth of a grain of salts of morphia was found to be equivalent to a grain of opium, the salts of morphia were brown and granular, and presented a very different appearance from the beautiful white crystalline preparations of the present day; and it is a matter of legitimate and important research to determine how far the screwing and torturing processes of modern pharmacy, whereby to get the largest yield and greatest beauty of product, are chargeable with a depreciation of real value in obtaining a fictitious one. Both the druggists and pharmacutists would nowadays instantly reject morphia salts that were of a brown color, and it is probable that most physicians would also object to such as being impure. It is nevertheless a fact that when morphia salts are extracted from opium, in the most simple way, and that which interferes least with their normal condition, they are of a brown color, and that the after processes by which they are rendered white are well calculated to change the character and even the constitution of the delicate alkaloid. Pasteur and others have recently shown conclusively that heat and other apparently feeble chemical agencies are quite capable of converting alkaloids into isomeric substances of similar appearance but very different reaction. Thus strychnia can be easily converted into a substance of precisely the same ultimate composition, which, although crystalline and soluble, is absolutely inert in its effect upon animals. It is known also that morphia, quinia, and veratria, are all subject to metamorphosis by heat, either without, or with but slight change of composition, and that the new products differ in such points of chemical behavior as to lead directly to the inference that they would no longer be therapeutically the same. Hence it is altogether probable, yet certainly not yet proved, that the salts of morphia of commerce are partially changed in the processes of extraction and bleaching, whereby not only a fictitious market value is given to them, but whereby, also, their therapeutic power is much decreased. When opium or cinchona bark solutions are first properly depurated, and the alkaloids thrown down from them, and these alkaloids then converted into salts without bleaching, the salts are of a brown or dirty white color. The amount of coloring matter and all other impurities, however, in such preparations does not amount to more than one or two per cent., and may therefore be totally disregarded in a medical point of view, since but the hundredth part of each grain would be inert. On the other hand, it is not probable that any process of bleaching could be adopted which would not introduce more than twice as much inert matters, or render twice that proportion of the original alkaloid ineffective as a medicinal agent.

There is a great deal of this fictitious value sought and obtained for medicinal substances and preparations which is neither legitimate nor harmless, while it subserves the very bad purpose of often misleading those who can and do judge only by appearances and sensible properties, not only to the acceptance of inferior medicines, but to the condemnation of such as might be better worthy of confidence, wherein the labor and skill might have been bestowed rather upon the material and composition than upon the appearance.

**Prostration and Nausea after Opiates.**—In the "conclusions" arrived at by Dr. A. L. Hudson, of Rush Medical College, in his prize essay upon Opium, published in the *Chicago Medical Journal* for January, 1860, p. 27 et seq., a statement is made which deserves attention and further observation. It is to the effect that those habituated to the use of tobacco are generally exempt from the distress-

ing sequelae of prostration, nausea, headache, etc., which so commonly attend the use of opiates.

**Cold Water to the Head and Neck in poisoning by Opium.**—A recent writer on the treatment of poisoning by opium (see Dr. H. Wardner, of Lind. University, in the *Chicago Medical Examiner* for Sep., p. 548 et seq.), states that cold affusion made by pouring a stream of cold water from a height of three or four feet upon the head and neck, will often arouse a patient from the narcotic condition to the extent of rendering emetics effective, when they would otherwise probably have failed. The well known effect of this expedient in alcoholic narcotism and other conditions of cerebral congestion, gives such plausibility to this simple treatment that it should not be neglected where the emetics fail to act promptly, and where the tendency to coma is difficult to control. Three cases are given by Dr. Wardner in which the practice was evidently very useful.

## PHYSIOLOGY AND PATHOLOGY.

By W. H. THOMSON, M.D.

1. *On the Antagonistic Physiological Action of Opium and the Solanaceae.*—The action of medicines one naturally supposes to be the most cultivated of all subjects of medical investigation; but that the exact contrary is the fact, may be shown by a glance only at the meagre literature of this department of hygienic science. The treatises on materia medica have to deal with it as a matter of course, when they arrive at the great problem of classification; but how largely the resulting systems are the creations of pure theory, may be guessed from their hopeless diversities. The serious discrepancies in the estimates of almost every remedial agent, by eminent authorities, seem to prove nothing so clearly as that we have not collected facts enough yet, to commence explaining them; but in the present state of science must content ourselves with adding to the fund of specific observations on this subject, as the amount already collected, we think, if investigated, will prove to be surprisingly small. Among recent investigations having a direct bearing on this question, are those of Dr. F. Anderson, Assistant Surgeon in the Bengal Army.

The mutual antagonism between opium and belladonna, to which he now adds, in the *Edinburgh Medical Journal*, June, 1860, the narrative of a case of poisoning by stramonium, seems strongly to confirm his conclusions. A Sepoy was brought in, having been found by his comrades in the bazaar of Furrachabad in an insensible condition. He lay on his back with a flushed face, a reddened eye, brilliant and very widely dilated pupils, and in a state of unconscious delirium in which he was constantly occupied with hallucinations, such as catching at imaginary objects in the air, and talking incoherently. He swallowed in a convulsive gulping manner as in delirium tremens. On investigation, it proved that he had bought a great quantity of sweetmeats, which it was inferred were drugged, with the object of robbing, a practice quite common in India, and generally done by means of *bhang* (Indian hemp), or datura, the latter of which, Dr. Anderson concluded, was given in this case, from the symptoms. Dr. Anderson commenced by giving a grain of muriate of morphia every hour, and, until eight grains had been administered, no effect was apparent, that is from two P.M. to eleven P.M. After taking the eighth dose, his attention could be caught for a moment by loud talking or commanding; but the pupils remained dilated as before, and the wakefulness continued. The doses were then kept up until in eighteen hours he took fifteen grains of morphia, when he became quite rational, and complained of little except general feverishness and dryness. The opium taken, enormous in quantity as it was, showed no effect except that of counteracting the toxic and physiologic symptoms of the preceding poison, and it was clearly proved also that the patient had never



been in the habit of taking opium previously, so that the tolerance of the medicine could be ascribed to that cause. Should future observations establish this antagonism, one of the many results that will follow will doubtless be a great alteration in the combination of numerous anodyne prescriptions.

2. *Regeneration of Nerves.*—MM. Vulpian and Philippeaux have communicated some of the results of their researches on the regeneration of nerves after injury, in which they state that the peripheral portions of nerves, after having been completely separated by section or excision of a portion from the centres, may yet recover their physiological properties and normal structure, even after having undergone entire change, and this without any previous union taking place between the cut ends. They therefore conclude that it is not necessary for the maintenance of the normal structure of nerves that they should be in intimate connexion with the nervous centres, and that motor force and sensation are not "borrowed forces" derived by the nerves from the central nervous system, but are rather *properties of tissue*, dependent on the integrity of the nutrition and structure of the nervous tubes. The alteration which takes place in the tubes when the nerves are cut, they state to be limited mostly to the disappearance of the medullary substance, which reappears when they are restored to their healthy state, but the steps in this process of restoration are not fully made out. (*Gazette Hebdomadaire*, Sept. 14th, 1860.)

3. *On the Absorption of the Caloric Rays of Light in the Eye.*—A memoir embodying the result of numerous experiments on this subject, was presented to the French Academy by M. J. Jaussen, which, among other things, suggests the attempt to procure artificial lights as devoid as possible of caloric rays, as it is found that in our best sources of artificial light, the caloric intensity of the dark radiations is double that of the luminous radiations. The absorption of these heat rays, he states, takes place in the anterior media of the eye, especially in the cornea, which takes up two-thirds, and with extreme rapidity, that and the aqueous humor having the property of separating completely the light and the dark rays, in the same manner as water itself acts on light. The difference in effect upon the eye of the various kinds of artificial light, the author supposes to be owing not to the intensity of the light afforded, but to the varying proportions of the caloric, and the purely luminous rays. (*British Medical Journal*, September 22, 1860.)

4. *Effects of the Extirpation of the Celiac and Mesenteric Plexus.*—About two years ago Samuels published the results of the extirpation of the celiac ganglia performed on dogs, cats, and pigs. The chief symptom which could be ascribed to the operation itself, was a greatly increased flow from the mucous surface of the intestine, resembling in some of his cases the discharges in Asiatic cholera. More recently the celebrated physiologist Budge, whose researches on the nervous connexions of the iris had led to the most valuable results, has repeated Samuel's experiment on rabbits, and to a great extent confirms them. The animals generally died in twenty-four hours, though none survived three days. There was greatly increased motion of the bowel, with the discharge of softened feces, mingled with tough glairy mucus and blood, and attended with enlargement of the liver. Should such results as these certainly attend the removal of these great sympathetic ganglia, it will give rise to many important questions in the pathology of abdominal affections, such as the cause of fluxes, which for a long time have been suspected to be owing to paralysis or weakening of function rather than to inflammatory determinations.

5. *Action of Nicotine on the Heart.*—Nicotine has been regarded as possessing in the highest degree the properties of a muscular paralyser, and as such been recommended in the treatment of tetanus. In the *Journal de la Physiologie*, July, 1860, M. Rouget, however, communicates an account of his experiments with it on the heart of frogs, birds, and mammalia, in which it seems to have a directly contrary

effect on that organ to what it produces on other muscular structures. In frogs, killed by the application of a drop of solution of nicotine to the eye, or under the skin, the beating of the heart continued long after all trace of irritability had disappeared in the muscles of locomotion. When the action of the heart had become feeble, and the interval between the beats increased, the direct application of nicotine instantly revived the contractions; they then increased in intensity until they became permanent by leaving the ventricle in a state of tonic spasm, with its cavity completely effaced. In birds and mammalia killed by the inhalation of chloroform, the ventricles remain fixed in the state of diastole, the right auricle alone manifesting some slight tremulous movements. If the ventricles be pricked or galvanized no result is produced, or only some feeble and entirely local contractions take place. When in such a state, M. Rouget always was able to produce by the application of a drop of concentrated solution of nicotine, a general contraction, with an increased irritability to galvanic or mechanical stimulus, and finally permanent tonic spasm. (*British Medical Journal*, September 22, 1860.)

6. *Origin of Bile Pigments.*—The views of the celebrated Dr. F. T. Frerichs, propounded in his late work on the Diseases of the Liver, translated by the New Sydenham Society, on the origin of some of the obscure forms of jaundice, occurring without obstruction of the bile ducts, as in pyæmia, typhus, and often snake bites, have a very interesting physiological bearing. He maintains that in the normal state all the bile formed by the liver does not pass into the intestines by the ducts, but a large portion enters the circulation through the hepatic veins along with the sugar, and to this is added the similar biliary matters absorbed from the bile by the coats of the intestine. These principles are colorless, and are composed of the biliary acids, and in health they are used up in the blood, going through a series of metamorphoses similar to those undergone by the liver sugar. But in these cases of jaundice, the introduction of a morbid matter or virus interferes with these normal transformations, in the same way that the changes of sugar are arrested in diabetes, and therefore, these biliary acids become transformed into bile pigment, which pervades and tinges all the tissues, through the circulation.

Valentin has, since Frerichs' publication, performed some experiments in Frerichs' laboratory, which lead to the inference, "that one of the coloring matters of bile consists of hematin, the substance which is known to be derived from blood pigment." He has succeeded in detecting crystals of hematin in gall stones, in the bile of men and of animals, and in the tissues and secretions of jaundiced persons. Frerichs, therefore, admits that there is an intimate relation between bile pigment and the coloring matter of the blood, and even thinks it probable that the former substance may be developed from the latter. But he argues "that no one has succeeded in obtaining the pigment from the red matter of the blood, and that Valentin's results are not at all opposed to his theory of the convertibility of the colorless biliary acids into bile pigment." (*Dublin Medical Press*, September 5.)

7. *Relations of Urea to Sugar.*—A paper was communicated by Mr. Quain to the Royal Medical and Chirurgical Society, stating the results of hourly analyses of the urine of two diabetic patients under the care of Dr. Parker, of the University College Hospital, made by Mr. S. Ringer, with two others made by Dr. Garrod, of which the most important were that a constant ratio was maintained between the sugar and urea, even after the influence of food taken had entirely disappeared. That the sugar and urea always increased after food, and if the food was purely non-amylaceous or saccharine, the same ratio between them then is observed, that is, one of urea to twenty-two of sugar, so that in both these instances the sugar must have had the same origin with the urea. But if saccharine food was given, though the urea was increased largely as well as the sugar, yet the ratio was destroyed, and the main point is, that the severity of the symptoms is in direct proportion to

the increased ratio of the urea, not of the sugar. This explains why some patients appear to be improving while yet the amount of sugar excreted is increased. These cases, and those of Dr. Garrod, show that a ratio of one of urea to four of sugar, is rapidly fatal, that life may be prolonged with a ratio of one to eight, whilst a somewhat rapid improvement is compatible with a ratio of one to fifteen. The question arises if the increase of both the constituents after meals is from the same source, and as it is most probable that the source of the sugar is in the liver, is not the increased amount of urea after meals in health produced also by the liver. (*Lancet, October, p. 304.*)

### BELLEVUE HOSPITAL.

THE winter course of clinical instruction at Bellevue Hospital was inaugurated in the theatre of that institution on Wednesday the 24th of October, at 1½ P.M. There were present on this occasion the Commissioners of Public Charities and Correction, and a number of the most distinguished medical gentlemen of the city, and the medical students from the different colleges.

SIMEON DRAPER, Esq., President of the Board of Commissioners, was introduced by Dr. I. E. TAYLOR. Mr. Draper said that it was only after much importunity that he had consented to speak as the representative of the Board of Commissioners on this the occasion of the commencement of another course of lectures in the Hospital. The new Board of Commissioners had been in power for six months, and during that period many changes had been wrought and many improvements made in the Department. Bellevue Hospital had received their first and chief attention. It has been their constant aim to render Bellevue worthy of the charity for which it was instituted, and creditable to the many distinguished members of the medical profession to which it owed so much. During the last six months they had appropriated \$15,000 towards bringing the institution out of chaos; and with valuable hints from the Committee of the Medical Board, they had succeeded—though there was much yet to be accomplished. The Commissioners could only superintend the general affairs of the Institution, and these duties would be performed faithfully, but to the Medical Board would be left those peculiar internal regulations which are incident to a hospital. With such co-operation between the two Boards, he hoped that Bellevue would always prosper, and prove a welcome asylum for the poor sick.

PROF. VALENTINE MOTT was next introduced. He said that he merely proposed, as the oldest member of the Medical Board of Bellevue, to welcome those students of medicine who proposed to avail themselves of the many advantages which it afforded. Students of medicine could here find opportunities and material for instruction scarcely surpassed by the hospitals of either Europe or America. But perfection in medical science, more than all other sciences, requires untiring industry, unremitting study, and constant observation. Most of the colleges have established clinics; these are most excellent; their advantages are only surpassed by that bed-side instruction which such a hospital as this affords; for here the student can stand by the sick and make himself familiar with disease in all its multifarious aspects. These advantages she offers to you fully and freely.

JOHN W. FRANCIS, M.D., LL.D., President of the Medical Board, then addressed the assemblage as follows:—

GENTLEMEN: Commissioners of Public Charities and Correction, Members of the Medical Board, and Students of the Bellevue Hospital:—I again appear before you, but not without reluctance, having so repeatedly assumed the duty now required of me, at the solicitation of the Faculty connected with this institution. Were my own wishes consulted, I had rather that some other of the Medical Board had occupied my place on this occasion, for I feel the weight of

that obligation which demands that age should give place to younger years and more prompt and immediate knowledge. I feel the truth of the ethical reflection announced by our distinguished anatomist and professor, Wm. H. Van Buren, of this city, that it is a very hard thing to grow old gracefully, and I may add, a very rare sight to behold.

On former meetings introductory to the commencement of the several courses of instruction, delivered at the Bellevue Hospital, I have invited your attention more to the history of the past than to the present condition of our great profession, and for this special reason, agreeing with Lord Bacon and other master minds, that he who is acquainted with the history of science becomes an adept in the science itself. I cannot but hope that, at our several interviews, I have called up the ghosts of our departed worthies in relation to the labors which they had sustained and the services they had effected in the promotion of the great art of healing, with positive benefit to our intellectual discipline, to our increase of saving wisdom, and to the gratification of the charities which ever flow from a noble heart.

Gentlemen: We meet here to-day under new auspices. Legislative enactment has created a different order of things; the administration of Bellevue Hospital is changed: the former Board of Commissioners has given place to a new régime, and by executive authority four gentlemen, alike distinguished for private worth, enlightened zeal, and humanity, as well as for fiscal ability, have assumed the responsible duties so intimately connected with the government of this great charity. Their names are familiar as household words, and they are high in public estimation—Simeon Draper, Moses Grinnell, Isaac Bell, Jun., and James B. Nicholson. Be it our earnest prayer that the blessings enjoyed by this Institution under the control of the former disinterested Board may be augmented tenfold by our present enlightened, able, and benevolent Directors.

With regard to this asylum many alterations and improvements have been made since our last anniversary, in the internal economy of the hospital itself, projected and adopted by the former commissioners, and others now effected by the present Board. In fine, the Bellevue Hospital presents itself to our contemplation as among the very first of the land, whether we regard its capacity, its locality, its conveniences, and the material it affords for the cultivation of medical and surgical science, or the blessings it daily imparts to the sick and the afflicted. To these favorable circumstances it is proper to add that a new and improved Code of Laws has been framed, and will be observed with beneficial results by the responsible and worthy individuals charged with the supervision of this ample establishment. In justice to the municipal authorities of this metropolis, to the legislative wisdom of the state, and to the several bodies who in the career of the Bellevue Hospital have enacted their part in rearing this vast charity to its present lofty condition, I am constrained to pronounce this institution a great success, a triumph, honorable to an enlightened community, and a civic trophy of philanthropic endeavors. Its history abounds in profitable instruction from which the intellect of another Howard might become the more enlightened.

It is not my duty, nor would it be becoming at this time for me, to attempt to lecture to you on any specific disease, but rather to point out to you the ample and wonderful facilities you have at your command in this place for the acquisition of that practical knowledge which alone will enable you to combat successfully the numerous diseases to which flesh is heir; and to assure you of the joyous welcome you will receive as students from the eminent Medical Faculty in attendance on the inmates of this hospital. Should you neglect the opportunities offered to you so kindly and so freely, that neglect will prove an abiding sorrow, which like true malignant disease can never be eradicated.

It would seem therefore to be more within the compass of my obligations at this time to speak of the profession

which you have chosen as the business of your life in a general way, than to enlarge on any particular branch. You need hardly be told that what the Bible is to the expositor of sacred truth, so is anatomy to the practitioner of the medical and surgical art; it would be useless for me to inform you that as is the telescope to the astronomer, so is chemistry to the investigator of physiological phenomena; that pathological anatomy is only to be comprehended by visual inspection, and that the most intricate and minute structure of organic bodies can only be viewed by the piercing eye of the microscope; and who is justified in attempting to administer remedial agents for the modification and cure of disease who is not familiar with the natural history, physical appearance, and special action of the articles of the *materia medica* with their several compounds and their posology? For the day has assuredly passed when we are to encounter prescribers heroically dealing with drugs and their pharmaceutical properties, of neither of which they have knowledge, and who are unable to distinguish rhubarb from bark, or the oxyde of bismuth from the oxyde of arsenic.

Gentlemen: Those of you who conscientiously and assiduously attend the various courses of instruction delivered by the Medical Faculty of this school during the ensuing winter, will find yourselves at the end of the season laden with precious truths that must for ever prove a storehouse of knowledge from which you can at all times draw *ad libitum, ad infinitum*. Here you have unfolded to you the mysteries of percussion and auscultation: in the wards of this hospital you are taught not only to diagnose disease, but to learn its treatment and become adepts in the difficult science of prognosis. Here you have presented to you pathology, with the aid of the surgeon's knife in the skillful dissection of the cadaver. The anatomical museum connected with this school, and founded by Dr. James R. Wood, is destined to realize the noblest views of its projector, and will prove to you a never-failing source of professional wealth, and make that impression on your mind which abstract closet study can never secure.

Particular pains have been taken, by recent arrangements, to render this hospital an effective retreat for women in the pregnant and parturient state, and the officials entrusted with the supervision of the wards accommodated to that purpose will afford you every facility in their power to become practically acquainted with the most improved treatment of gestation in its several stages, and the management of actual labor in all its varieties, natural and instrumental, with the attendant disorders incident to parturition. Here you will be taught to detect the pulsations of the foetal heart; to discriminate between true and false pregnancy; to anticipate that bane of all accoucheurs, uræmic convulsions, and how to administer anaesthetics when they occur; the signs of the living and the dead child, and other leading principles which our present knowledge of medical jurisprudence inculcates with such discrimination. Obstetrics in its several relations you need not be told is, of all other departments of our art, that particular branch through which you are to secure family practice, and upon the dexterous discharge of the duties of the obstetrician will often depend the speedy elevation of a young man to professional reputation and consideration. I may be permitted thus to speak of the issues of obstetrical science. He who for a period of fifty years has encountered the toils connected with that anxious and responsible art, cannot be accused of presumption in thus expressing his opinion.

We may well rejoice in the great improvements with which obstetrical science has been enriched in recent days by the several productions of many able observers, and not the least by the admirable work just published by Dr. Tyler Smith, as edited by Professor Gardner, of this city. While the accoucheur discards the too frequent interference of art as inculcated by the once popular Smellie, who practised largely and taught, with pecuniary results, Midwifery for five shillings; so on the other hand he guards against that reprehensible delay which marked the conduct of the great

William Hunter, and timely interposes art after deliberation and consultation. It is worthy of commemoration that the first professional course of instruction on Obstetrics in the American colonies was organized in New York, by Dr. Tennant, so early as in 1768, in King's (now Columbia) College, and a like remark may be made in relation to the recognition of the science of forensic medicine. That venerable classical school, as long ago as 1804, appointed Dr. James S. Stringham their professor of medical jurisprudence, the better to complete the body of scientific medicine in this institution where the doctorate was conferred. Dr. Stringham's course, though brief, was instructive. His death, at the age of forty-seven years, led to my appointment as his successor, in 1817, in the College of Physicians and Surgeons, and the close relationship between midwifery and many subjects involved in legal medicine added to the value of the great truths thus imparted. I need scarcely add that an intimate acquaintance with this intricate study is imperative in all zealous of professional renown, and that ignorance therein is fatal to medical reputation when the physician or surgeon is summoned in courts of criminal judicature. Never forget the sad figure which even the great John Hunter made in such a crisis under such circumstances.

At this session the three colleges now open to receive you, have each able teachers, and have made provision for imparting scientific knowledge in legal medicine. With several large and commodious hospitals, with infirmaries and dispensaries too numerous to specify, you have then the most ample means of studying diseases *practically*, and my earnest desire is, that whatever may be your thirst for book information, you will never omit the opportunity of seeing with your own eyes every important case that your clinical instructor furnishes. Never forget the Horatian precept of the superiority of that knowledge which actual observation secures over every other species of acquisition imparted by the other senses.

Many of you now before me, at the close of your educational career, and after you have received that much to be coveted honor, your diploma, admitting you into the ranks of the profession, will either by choice or necessity be compelled to establish yourselves in rural districts. You will thus be cut off from the very fountain of hygienic principles, such as are in use in the Bellevue Hospital, and other establishments of a similar nature. If you take my advice you, with your other notes on lectures and cases, will make concise but pertinent memoranda on the Hospital, and the regulations enforced by its government. The discipline of the attendants, as well as that of the patient, must not be overlooked. The diet prescribed must be noted, the construction of the building, its ventilation, the manner in which temperature is regulated, the method of use and the application of disinfecting agents, all claim your attention; and he who upon his departure takes with him a thorough knowledge of the workings of the complex machinery of an institution of this character will possess wisdom ever of practical value. The most judicious treatment will often be frustrated for want of proper ventilation; and the most scientific application of remedial agents may prove abortive by an improper diet. Nor are you to forget that the life of your patient often depends upon the discipline of the nurse.

I have thus in briefest language told you of the advantages which the Hospital presents for your acceptance. It remains for you to avail yourselves of these benefits.

According to my views, Clinical Instruction so abundantly afforded, so freely offered, and so wisely taught by men so competent as by the Bellevue Hospital faculty, is not to be slighted or neglected with impunity. Each revolving day of your professional career will give you new demonstrations of its inestimable value, and the joy and relief which you will experience from its acquisition will more than repay you for the most arduous struggle you may have undergone to acquire it. And, gentlemen, let me add, that the great responsibilities you assume in the title of Physician, as earthly guardians over the lives of your fellow-



creatures, are of too grave and sacred a character to be undertaken in a spirit of indifference. You are to be ever impressed with the great truth, that you are accountable to your Divine Master for the proper use of the time and the opportunities which in his infinite wisdom he has vouchsafed to you. But in the midst of those great trials which will often encompass you, conscious knowledge will prove your greatest support.

Time presses, and I must make place for others. But ere I close I shall, with your permission, consider in a most summary manner the important question, Is our profession undergoing a retrograde or a progressive movement, or does it remain *in statu quo*? Some observation, considerable study, and not a little reflection lead me to affirm that it is progressive; that, like other sciences, its march is onward. Its devotees are men of too exalted minds, of too noble aspirations, and too philanthropic, to abate that earnestness and devotion which have stamped the science with a prestige that shall last so long as the earth shall revolve on its axis, and until that day shall come when the fiat shall go forth from the Creator, that time shall be no more.

The disciples of the healing art stand ever ready to obey the call of duty; for them war, plague, pestilence, and famine have no terrors; to them battle, murder, and sudden death are words which, instead of intimidating, only serve to call forth the brighter dictates of their humanity. Like the Old Guard of Napoleon at the battle of Waterloo, no sooner does one perish than another stands forth to take his place in the ranks. A long life enables me to be a living witness of the truth of this assertion, confirmed in seasons of pestilence, of yellow fever, ship fever, and cholera.

Every science has its calumniators, and in our own calling there are those, I am grieved to say, who misrepresent and abuse that profession which has given them reputation, consideration, honors—bread. But we will pass them by, and leave them in the luxury of the marasmus of their depraved imaginings. Naturalists tell us that ill weeds infest the same grounds where the choicest plants flourish, and by whose shade they are protected; and we must be content with the laws of nature. To such as would deface the temple of medical science, may well be applied the injunction of the Latin poet:

"Qui, ne tuberibus propriis offendant amicum,  
Postulat, ignoscat verrucis illius."

The honest meaning of which I take to be: He who is annoyed by wens must deal leniently with those afflicted with pimples.

It is true that the science of medicine has not been able to grapple with every obstacle which opposes its progress, but let me ask, is not this the case with every branch of knowledge? How is it with the law, how with political economy? It cannot be denied that our art has not as yet clearly elucidated the intricate laws which govern the nervous system, that certain diseases still maintain their mastery over the best efforts of therapeutical skill; neither can it be disputed that at times drugs are administered in over-doses, and at improper periods, and at other times withheld to the lasting detriment of the patient. But would we be justified from circumstances like these to pronounce the divine art a delusion and as void of efficacy? We might as well declare the science of mechanics a *myth*, because its culminating point has not yet been reached, or stupidly pronounce our anathemas against steam, as a motive power, because a flue collapses or a boiler bursts. Are we to dispense with the blessings of gospel preaching because hypocrites abound? Can any one allow that science to be retrograding which, by its various appliances in modern time added to the continuance of human life an additional average duration of some seven years and upwards? Should we admit it to be stationary when philosophical study and minute observation bring to view almost daily new facts and new elucidations on the nature of disease, and the remedial power for its removal? Can any one deny the blessings which Marshall Hall has conferred on the human

race by his "ready method" for artificial respiration? Who could refuse to acknowledge the progress of our art when he beholds the improved treatment of the insane, and the idiotic, and the blind; the enlarged views recently promulgated by Dr. Turner and others for the hapless inebriate; the successful treatment of varicose veins by injections of the persulphate of iron; the ingenious method of treating prolapses of the funis introduced by Dr. Thomas of this Institution; the numerous mechanical appliances for alleviating malformations and spinal disorders.

But it is not necessary that I should continue this argument any longer; and in justification of the few words I have uttered, I may remark that this brief and imperfect allusion to the progress of the great medical art has been called forth by the virtuous indignation which I felt, when hearing individuals, in high places, calumniate that science which I love, and to which I have devoted a long life. It is impossible for any man of honorable feeling to contemplate the vast labors which have been endured by the founders and improvers of our art without a sense of the greatest respect for their disinterested and self-denying exertions, and love of that Christian philanthropy which moved them to the performance of those mighty efforts. In conclusion, permit me to add, that you live in an age of great mental activity; and that the members of the medical profession occupy the vanguard in the contest against ignorance, superstition, and untenable speculation; that physicians, of all other men, are the interpreters of nature. The atmosphere which you now breathe is impregnated with harmonious and truthful information. You cannot remain indifferent or inactive. You must enter with earnestness into the strife, or be content to sink into a wretched mediocrity or a hopeless obscurity. To appreciate your profession you must study it faithfully; to succeed in your profession, you must believe in it thoroughly; and to conscientiously perform the duties it requires of you, you must love it honestly. Search abroad for knowledge, if you please; be not supine in deriving wisdom from the manifold demonstrations of new truths imparted by British and continental laborers; at the same time forget not that your own land presents a phalanx of intellectual elaboration fraught with practical issues. But fear not to pluck the luscious fruit of medical experience from the tree of knowledge wherever it may spring forth, whether indigenous or exotic. Be not disheartened at the work before you. Let the triumphs of such men as the world-renowned physiologists, Brown-Séquard, and Dr. John Draper, and Dalton, and the chemist Dorems, serve as a stimulus to your noble zeal; and let your hearts be cheered when you peruse the pages replete with the inductive philosophy, that have emanated from the gifted brains of our eminent Professors Dickson and Gross, from our Austin Flint and our Frank Hamilton. If perchance your spirits should at any time droop, let a new inspiration impart its power when you listen to the learned prelections on that lofty study, Medical Jurisprudence, delivered by Prof. Ordroneaux, now of Columbia College in this city; or contemplate the unsurpassed investigations on the Malpighian bodies, conducted by the late beloved and distinguished anatomist Dr. Charles E. Isaacs, whose mortal frame the earth has so recently received. Gentlemen, I will tax you no longer: my prayer is for your prosperity and happiness, both temporal and eternal.

Dr. B. W. McCready followed Dr. Francis with a few remarks. He said that no words of his could magnify the importance of studying medicine clinically. He was not unmindful of the constant demand on the time of the student. Yet his great aim is to learn how to *practise* medicine and surgery, and he might as well attempt to perfect himself in botany from the mere study of books in a closet as to practise his profession without the aid of clinical instruction. There is no position more trying than for a young physician to find himself in the face of a mighty responsibility, ignorant as to how he should act, and far removed from the aid of counsel or assistance. If you would avert a catastrophe like this, make good use of your



time while here. Facilities are here offered you, unsurpassed on this side of the ocean; indeed, this may be pronounced one of the best conducted charities in the world, containing as it does almost every variety of disease which afflicts the human family. Students when they visit the hospital should not expect regular lectures upon all occasions; they should rather pick up those casual and practical remarks which are dropped as they pass from bed to bed, while they practise with assiduity and care the means of diagnosis, such as auscultation and percussion, palpation, &c. The position of Resident Physician or Surgeon to Bellevue is open to the medical profession of the whole country; these posts are acquired by merit alone; it is our endeavor in making selections to procure the best talent which the country affords.

Dr. FRANCIS then read a notice from Dr. ALEX. B. MOTT to the medical students of New York city, stating that he would offer for their competition, a prize, consisting of a case of amputating and trephining instruments, for the best dissection of the head and neck. The merits of the dissections would be decided by the professors of anatomy in the several colleges.

## Correspondence.

### PATHOLOGY OF TETANUS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—You omit in your report of the proceedings of the Academy of Medicine, at its last stated meeting, my reply to the remark of Dr. Watson, "That Dr. McNulty took very singular views of the subject (tetanus). According to such theory, it would be as well to suppose that hydrophobia did not depend upon the bite of a dog, because every one bitten did not suffer from the disease." My answer was, that it was the *specific virus* on the dog's tooth, and *not the dog-bite*, that produced hydrophobia. I did not at the time, neither do I now, regard the comparison as a just one. I claim that there are occurring daily, many hundred local injuries (equal in extent, to those that have been assigned as the cause of tetanus), that those local injuries amount to nearly, or quite, *half-a-million* every year, that out of this vast number not more than *ten or fifteen* cases will be followed by tetanus, or about *one case* of tetanus to *thirty thousand* cases of local injury. Hence I claim that local injury is not, *per se*, the cause of tetanus. It is an "*axiom*" in every science, that "Like cause under like circumstances must of necessity produce like results." I claim that the law is as true, *when applied to local injuries*, as to any of the phenomena of the natural world, and that it proves beyond question that local injury is not the true cause of tetanus. I do not profess to point out the cause of the disease; I only stated my belief that it was due to the presence of a morbid principle circulating in the system of those subject to the disease, producing a *tetanic diathesis*, that those possessing that peculiar diathesis, and *those only*, will be attacked with tetanus, either *Traumatic* or *Idiopathic*.—I am respectfully yours, &c.,

J. McNULTY, M.D.

October 30.

"RATIONAL medicine! Trust the power of nature! Very good doctrine, said the chick, for Father Cock to preach to me, shut up in this dark cell, while he struts in the golden sunshine. By Jove! I won't wait any longer for Dame Nature to break this shell and set me free." Whereupon it dashed its beak through its delicate covering, and shivering it to atoms, stepped forth to the full enjoyment of life.

*Moral*.—The wisest purposes in nature are not accomplished without the aid of mortals, and he is the true physician who rightly interprets her designs, and lends her timely assistance.—*Old Fable*.

## Medical News.

### APPOINTMENTS.

BUFFALO MEDICAL COLLEGE.—E. M. Moore, M.D., Professor of Surgery, in place of Prof. F. H. Hamilton, resigned.

LIND UNIVERSITY, CHICAGO.—I. Hollister, M.D., Professor of Anatomy, in place of Prof. Titus Deville. A. L. McArthur, M.D., Professor of Materia Medica and Therapeutics, in place of Prof. Hollister.

IOWA LUNATIC ASYLUM.—R. J. Paterson, M.D., late Superintendent of the Ohio Idiot Asylum, Superintendent.

CHARLESTON MEDICAL COLLEGE.—Francis T. Miles, M.D., late Demonstrator in that Institution, Professor of Anatomy, in place of Prof. John E. Holbrook, resigned.

NEW ORLEANS SCHOOL OF MEDICINE.—H. T. Schmidt, M.D., late Assis. Demonstrator of Anatomy in the University of Pennsylvania, Demonstrator of Anatomy.

### MARRIAGES.

MERRITT—ROWE.—On October 24th, at the Church of the Messiah, by the Rev. Dr. Osgood, J. King Merritt, M.D., to Julia Teresa, youngest daughter of James Rowe, Esq., all of this city.

### DEATHS.

DIED.—On the 17th of September last, Dr. Bezin Reece Masters, in Pembroke Parish, Bermuda, aged thirty-three years. Dr. Masters graduated at the College of Physicians and Surgeons with honor, about twelve years ago. After an ample experience in Bellevue, Ward's Island, and Quarantine Hospitals, and as Surgeon-in-chief in the service of the Panama R. R. Co., embracing in the aggregate a period of about five years, he established his residence in this city. The success which he met with was flattering and richly merited. As a physician Dr. Masters possessed that discriminating judgment which, aided by an unusual store of information obtained by thorough preliminary study, and extensive hospital experience, made him correct in diagnosis, and rich in therapeutical knowledge. His integrity was unquestioned. This, together with a native suavity and gentleness of manner, contributed not a little to make him respected by the profession, and beloved by his friends. "Having been forced a few months since," says a Bermuda paper, "by the rapid progress of an insidious disease (enlargement of the liver) to suspend professional work, he left New York for the West Indies, in the hope that the sea voyage and change of air might produce benefit. No improvement, however, occurring, he came to try the effects of his native air, but after only eight short weeks with his friends his life closed, and with Christian serenity he has passed away to the 'blessed inheritance of the saints in light.'"

PROF. HAMILTON will deliver a course of lectures on *Military Surgery* in the next preliminary course of the Long Island College Hospital. This subject is chosen at the special request of several Surgeons of the Army, and the course cannot fail, in the hands of Prof. Hamilton, of being of great interest and profit, both to army surgeons and students intending to enter the army.

DR. HORATIO R. STORRER, of Boston, has opened an establishment for the treatment of the diseases of women, at Blue Hills, Milton, Mass.

THE BOSTON JOURNAL OF PHYSICAL CULTURE is the title of a monthly publication devoted to Gymnastics, and edited by Dr. Lewis.

HÔPITAL DU MIDI.—The vacancy in this establishment caused by the resignation of M. Ricord has been filled by the appointment of M. Cusco, late Surgeon of the Salpêtrière.

DR. H. F. CAMPBELL, of Augusta, Ga., has invented an air plug for the speculum uteri to facilitate its introduction. It consists of "an elongated india-rubber bag, with a tube

of the same material at its posterior end. This tube may be eight or ten inches in length; must have an air-tight stop-cock in the end; the bag is put into the speculum in a flaccid state, protruding a little beyond the uterine end, just enough to produce a somewhat wedge-shaped rotundity when fully blown up. At the point where the end of the speculum would form a ridge, there is a slight elevation or crimp on the bag; so that when the bag is blown up, the edge of the speculum is buried in the india-rubber, and completely protected from coming in contact with the delicate soft parts of the vulva or vagina. The bag being properly adjusted in, the speculum is now fully distended with air from the mouth of the operator, and the stop-cock closed. The whole instrument is now lubricated with oil, and introduced in the usual manner, when the stop-cock may be turned and the air allowed to escape. The bag of course becomes flaccid again, and can be easily removed by pulling on the tube, when the speculum may be adjusted so as to bring into view the os uteri and any other parts to be examined."

AT THE SEMI-ANNUAL meeting of the College of Physicians and Surgeons of Lower Canada, the Examining Body of that Province, the question was raised whether candidates who presented no testimonials of having attended a course on botany, should be admitted to examination. It was finally decided that the present candidates should be admitted to examination, owing to their ignorance of the provision, but hereafter such testimonials will be strictly required. Seven gentlemen were found qualified and received licenses to practise, two were remanded to their studies for six months, thirteen were found qualified by their preliminary studies to enter upon the study of medicine, and two were remanded to the further prosecution of their classical studies. Madame Gaden was examined in the science and art of Midwifery, and duly licensed as a Midwife within the cities of Quebec, Montreal, and Three Rivers.

AMERICAN MEDICAL TIMES.—We have waited to see nine numbers of this publication appear before venturing to pass our opinion upon it, and are glad to say we have been agreeably surprised at the able and talented manner in which it is conducted. The leading articles are written with great talent, the subjects well selected, and the reviews handled with ability. We wish the journal every success, and can recommend it with confidence to our readers as a weekly Medical paper second to none in America, and worthy to rank with the best of our own in England.—*London Medical Review*, October.

### TO CORRESPONDENTS.

Cal.—We have heard of a school in California, but have never seen the announcement.

T. L.—We are obliged to you for the correction; the list was corrected by a reliable person before publication.

E. J. F.—Your letter was duly received and forwarded to Dr. Squibb.

*Treatment of Delirium Tremens.*—"I was much interested in Dr. Griscom's able lectures, and especially in that portion relating to the diagnosis and treatment of delirium tremens. Every one admits that sleep is at least one of the cardinal points in the treatment; but I was taught by an eminent Professor of New York, to avoid narcotics as a means of obtaining sleep, and to trust to fatigue. His favorite illustration was the method pursued by sailors when one of their companions was seized with delirium tremens, viz. shut him up in a dark room, and allow him to tire himself out. I have followed this advice, and must say that I have as often secured sound sleep within ten or twelve hours, as when I used anodynes."

Brooklyn, Oct. 29, 1860.

*Treatment of the Placenta.*—"I wish to state in reply to L. R., that in a family practice of fifteen years, I have never yet once waited for the expulsion of the placenta by the natural efforts. My rule is always to introduce the hand immediately after the child is removed, seize whatever portion of the placenta may be within reach, and asking the woman to cough, make gentle traction. The results of this practice in more than five hundred cases, are, not a case of flooding, or post-partum hemorrhage, nor other unfavorable occurrence. By this treatment, I am never detained ten minutes after delivery is accomplished."

Oct. 30, 1860.

*Solidified Milk.*—"I am anxious to call the attention of medical men to the advantages of solidified milk in children which are brought up by hand. During the past summer I have employed it as the food of several infants that could not nurse, and in no instance have there been any of the troubles usual among children fed in the ordinary way."

N. Y., Oct. 27, 1860.

AN OLD PHYSICIAN.

### COMMUNICATIONS have been received from:—

M. L. BAKER, London; Prof. W. H. VAN BUREN, N. Y.; Dr. W. W. ELY, N. Y.; Dr. W. B. BIRBENS, N. Y.; Prof. J. C. HUTCHINSON, N. S.; Dr. T. L. MASON, N. Y.; Dr. W. B. ATKINSON, Pa.; Dr. J. L. CAMPBELL, N. Y.; Prof. C. MATTHEWS, N. Y.; A. PHYSICIAN, N. Y.; Dr. D. C. PETERS, U. S. A.; Dr. A. MORAND, Va.; Dr. F. E. CHATARD, Md.; Dr. E. J. FOUNTAIN, Iowa; Dr. W. RILEY, Md.; Dr. J. McNULTY, N. Y.; Dr. W. N. BUEL, N. Y.; Dr. G. WHETTRIDGE, Md.; Dr. C. W. BOYCE, N. Y.; Dr. T. C. BUCKLER, Md.; Prof. A. B. PALMER, Mich.; Prof. L. BAUER, N. Y.; Dr. DONALDSON, Md.; Dr. P. C. WILLIAMS, Md.; Dr. J. THORNLY, U. S. A., N. J.; Dr. C. C. MARSTELLER, Va.; Dr. E. A. WHITE, Conn.; Dr. L. KERN, Ind.; Dr. A. WILLARD, N. Y.; Dr. O. F. MANSON, N. C.; Dr. E. P. ALLEN, Pa.; Dr. J. L. AME, Mass.; Dr. D. J. LYSTER, N. Y.; Dr. D. C. HOLLEY, Mich.; Dr. E. AISEN, Conn.; Dr. R. B. MAURY, B. DAWSON & SON, N. C.; Dr. E. S. SMITH, N. J.; Dr. C. FREIOT, N. Y.; Dr. D. HARBROCK, N. J.; Dr. H. B. RAWSON, Iowa; Dr. E. R. ROBESON, N. C.; Dr. C. H. RAWSON, Iowa.

### METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 20th day of October to the 27th day of October, 1860.

*Deaths.*—Men, 95; women, 78; boys, 112; girls, 105—total, 390. Adults, 173; children, 217; males, 207; females, 183; colored, 7. Infants under two years of age, 156. Among the causes of death we notice:—cholera-infantum, 10; infantile convulsions, 28; croup, 20; diphtheria, 6; diarrhoea, 6; dysentery, 5; scarlet fever, 17; typhus and typhoid fevers, 16; pertussis, 0; consumption, 60; small-pox, 6; dropsy of head, 14; infantile marasmus, 22; inflammation of the brain, 9; of bowels, 9; of lungs, 26; and whooping-cough, 5. Nervous system, 35; digestive, 71; respiratory, 131.

Oct.	Barometer.		Out-door Temperature.			Difference of Dry and wet bulb. Therm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	.	.	.	.	.		0 to 10	In.
21st.	29.94	.08	52	50	54	3	7	N.E.	10	.2
22nd.	29.95	.08	48	46	57	4	6	N.E.	10	.01
23rd.	29.88	.07	56	50	62	5	8	N.E.	3	
24th.	29.86	.08	55	50	58	7	12	S.W.	1	
25th.	30.00	.07	58	51	64	8	13	S.W.	1	
26th.	30.00	.04	61	52	70	8.3	13	S.W.	.02	
27th.	30.14	.14	58	46	60	8.5	13	N.W.	.02	

REMARKS upon certain phases of the weather not shown by the table above. 22nd, calm, with light fog and rain, a.m.; 23rd, calm a.m., wind light p.m., sky clear; 24th and 25th, fine, mostly calm; 26th, dense fog a.m., with little wind; fresh breeze p.m.; 27th, wind light all day.

### MEDICAL DIARY OF THE WEEK.

Monday, Nov. 5.	{ CITY HOSPITAL, Surgery, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Macready, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Nov. 6.	{ CITY HOSPITAL, Surgery, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
Wednesday, Nov. 7.	{ EYE INFIRMARY, Operations, 12 M. CITY HOSPITAL, Medicine, Dr. Smith, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Gouley, half-past 1 P.M. ACADEMY OF MEDICINE, half-past 7 P.M.
Thursday, Nov. 8.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Surgery, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M.
Friday, Nov. 9.	{ CITY HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, 1½ P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Nov. 10.	{ BELLEVUE HOSP., Drs. Parker and Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Medicine, Dr. Smith, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

### SPECIAL NOTICES.

BELLEVUE HOSPITAL.—On Saturday (this day), Nov. 3, DR. JAMES R. WOOD will resect a knee-joint.

NEW YORK ACADEMY OF MEDICINE.—The Annual Meeting of the N. Y. Academy of Medicine, will be held in the Hall of the Historical Society, Second Avenue, corner Eleventh st., on Wednesday, November 7, at 7½ P.M. The Anniversary Oration will be delivered by DR. JOHN WATSON. The profession and the public are respectfully invited to attend.

## Long Island College Hospital,

BROOKLYN, N. Y.

The Course preliminary to the Session of 1861 will begin on the 18th of February, and the *Regular Lectures* on the 18th of March, to continue till the middle of July.

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R. OGDEN DOERNER, M.D., Chemistry and Toxicology.  
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As far as practicable, instruction in every department will be by Demonstration.

**FEES.**—Full Course, \$100 00; Matriculation, \$5 00; Demonstrator's, \$5 00; Graduation, \$25 00.

## The Wood Prizes.—Bellevue Hospital.

The Prizes offered by Dr. JAMES R. WOOD to the Matriculated Students for the Terms 1859-60, and 1860-61, in the College of Physicians and Surgeons, Twenty-third Street; University College, Fourteenth Street; New York Medical College, Thirteenth Street, and the Long Island College Hospital, Brooklyn, N. Y., for the best Anatomical or Surgical Preparation, to be placed in the Museum of Bellevue Hospital, will be awarded by the Professors of Surgery, Anatomy, and Physiology, in the above Colleges, on MONDAY, March 4th, 1861.

JOHN E. WHITE, Warden of Bellevue Hospital.

NEW YORK, March, 5, 1860.

## Dr. Schweig's Sanitary Home (Maison

DE SANTE), 158 Second Avenue, New York.

This Institution is designed upon the plan of the French *MAISONS DE SANTE*, for the accommodation of patients of both sexes, especially for strangers who wish to enjoy the comforts of a home, combined with careful medical attendance and nursing.

It is situated in one of the finest and healthiest parts of the city; is very commodious; rooms large and well ventilated; and is easily accessible from any quarter of the city.

Patients can be treated by their own physician if they desire.

Contagious diseases not admitted.

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## The New Sydenham Society.

The works for the second year, 1860, are the following:—

FRERICHS' CLINICAL TREATISE ON DISEASES OF THE LIVER. Vol. I.

Dr. BRIGHT'S CLINICAL MEMOIRS on Abdominal Tumors and Intumescence. Edited by Dr. BARLOW, copiously illustrated.

A YEAR-BOOK OF MEDICINE AND SURGERY, for 1859.

The First Fasciculus of an ATLAS OF ILLUSTRATIONS OF DISEASES OF THE SKIN, copied from those of HEBRA.

The three first Works, constituting Vols. VI, VII, and VIII, in the series, are ready, and will be forwarded from London very shortly.

The Portraits of Skin Diseases will be three in number, and of life-size. They will, it is hoped, be ready in December.

It is with pleasure that we announce that the Society now numbers more than three thousand (3000) members.

The following Volumes, being the Publications for 1859, can be had by payment of the Subscription.

Vol. I.—DIDAY "On Syphilis in Infants and Children at the Breast." Translated by Dr. WHITLEY.

Vol. II.—GOOCH "On the most important Diseases of Women and Children," with other Papers. Woodcuts. Prefatory Essay by Dr. FERGUSON.

Vol. III.—MEMOIRS ON DIPHTHERIA. From various French sources, Selected and translated by Dr. SEMPLE. With a Bibliographical Appendix by Mr. CHATTO.

Vol. IV.—Comprises the two works of Professor SCHROEDER VAN DER KOLK: First, "On the Spinal Cord," and Second, "On the Medulla Oblongata," and "On the Proximate Cause and Rational Treatment of Epilepsy." Translated by Dr. W. D. MOORE, of Dublin. With numerous lithographs.

Vol. V.—Contains translations of the following Monographs:—1st, KUSSMAUL and TENNER'S "Experimental Researches on the Effects of Loss of Blood in Inducing Convulsions." Translated by Dr. BONNER, of Bradford.

2d, WAGNER "On the Resection of Bones and Joints." Translated by Mr. T. HOLMES. Numerous woodcuts.

3d, Professor GRAEFES Three Papers on Glaucoma, Iridectomy, &c., &c. Translated by Mr. T. WINDSON, of Manchester.

For the current year subscriptions will be received until Dec. 1. For 1861, all subscriptions must be in before the close of February.

The following is a list of the Hon. Local Secretaries in the United States and Canada.

### List of Hon. Local Secretaries.

CHAS. F. HEYWOOD, M.D., New York, 66 West 20th St.

RICHARD J. DUNGLISON, M.D., Philadelphia.

GEO. FENWICK, M.D., Montreal, 34 Little St. James St.

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\*\* The Report and Circular of the Society can be had on application to the Local Secretaries.

Oct. 18, 1860.



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